

GEIGY CHEMICAL CORPORATION SITE
Aberdeen, North Carolina
COMMITTEE CORRESPONDENCE

January 19, 2015

Mr. Jon Bornholm
Remedial Project Manager
USEPA Region IV
61 Forsyth Street, SW
Mail Code: 9T25
Atlanta, GA 30303-8960

RE: 2014 Annual Operating Report
Groundwater Remediation Permit No. WQ0009949
Geigy Chemical Corporation CERCLA Site
Aberdeen, North Carolina

Dear Mr. Bornholm:

On behalf of Olin Corporation and Syngenta Crop Protection (the Companies), the purpose of this letter is to transmit the analytical results for the 2014 annual sampling event for the Geigy Chemical Corporation CERCLA Site groundwater extraction, treatment, and discharge system. Information provided in this report includes:

- Monitoring requirements summary table (Attachment 1);
- Site extraction and treatment system layout (Attachment 2);
- Monitoring event analytical summary tables (Attachment 3);
- BHC isomer trend graphs for site indicator wells and figures (Attachment 4);
- Completed copies of NCDENR GW-59 Forms and laboratory reports with chain-of-custody documents (Attachment 5); and
- Monthly windshield survey for new construction (Attachment 6).

The system performed as designed during 2014 and experienced minimal down-time. Over 8.4 million gallons of water was extracted and treated between December 17, 2013 and December 29, 2014, at an effective treatment efficiency of nearly 100 percent. The system is routinely shutdown for brief periods to conduct operation and maintenance activities such as replacing carbon drums, fittings, and bag filters. Well and transfer pumps, pump controllers, and electrical relays were replaced without shutting down the system. Six 55 gallon drums of granular activated carbon were transported to Siemens for recycling/re-activation. Pumping of the Upper Black Creek Aquifer extraction wells (PW-1D, PW-2D, and PW-3D) continues to fulfill the closed-loop requirement of the Site Groundwater Remediation Permit.

BHC isomer concentration trend graphs are provided in Attachment 4. The graphs include data from the initial sampling event through the October 2014 sampling event to facilitate review of the groundwater quality monitoring data. Alpha-BHC, beta-BHC, delta-BHC, and gamma-BHC concentrations are provided on the graphs as these constituents typically present the highest constituent concentrations and detection frequencies among the pesticides included in the sample analyses. In reviewing the graphs, please note that monitoring wells MW-16S, MW-17S, and MW-18S are screened in the surficial aquifer to monitor the infiltration gallery. Monitoring wells MW-16D and MW-17D are screened in the Upper Black Creek aquifer and are located hydraulically upgradient of the site. Monitoring wells MW-11D and MW-20D were not sampled because they were dry. The graphs generally indicate steady or decreasing trends in BHC isomer concentrations from historical levels.

Information provided in Attachment 5 of this submittal is intended to fulfill the annual reporting requirements described in Section IV, Paragraph 4 of the Site Groundwater Remediation Permit. Accordingly, one copy of this report has been sent to the North Carolina Department of Environment and Natural Resources (NCDENR) Division of Water Resources (DWR) Groundwater Section.

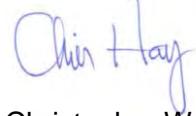
Monthly windshield surveys of properties within the BHC plume have been summarized on the field form included in Attachment 6. The location of new construction observed during 2014 is documented on the form. Properties with new structures were confirmed to have been connected to the Town of Aberdeen water supply system.

Should you have questions regarding the report, please contact Chris Hay at (336)763-6025.

Sincerely,
ENVIROTRAC LTD.



Annamarie Blauser
Senior Scientist



Christopher W. Hay
Principal

Enclosure

Cc: Doug Rumford, NCDENR Superfund Section, w/enc.
Thomas Slusser, NCDENR DWR, w/enc.
James Cashwell, Olin Corporation, w/enc.
George Crouse, Syngenta, w/enc.

ATTACHMENT 1

MONITORING REQUIREMENTS

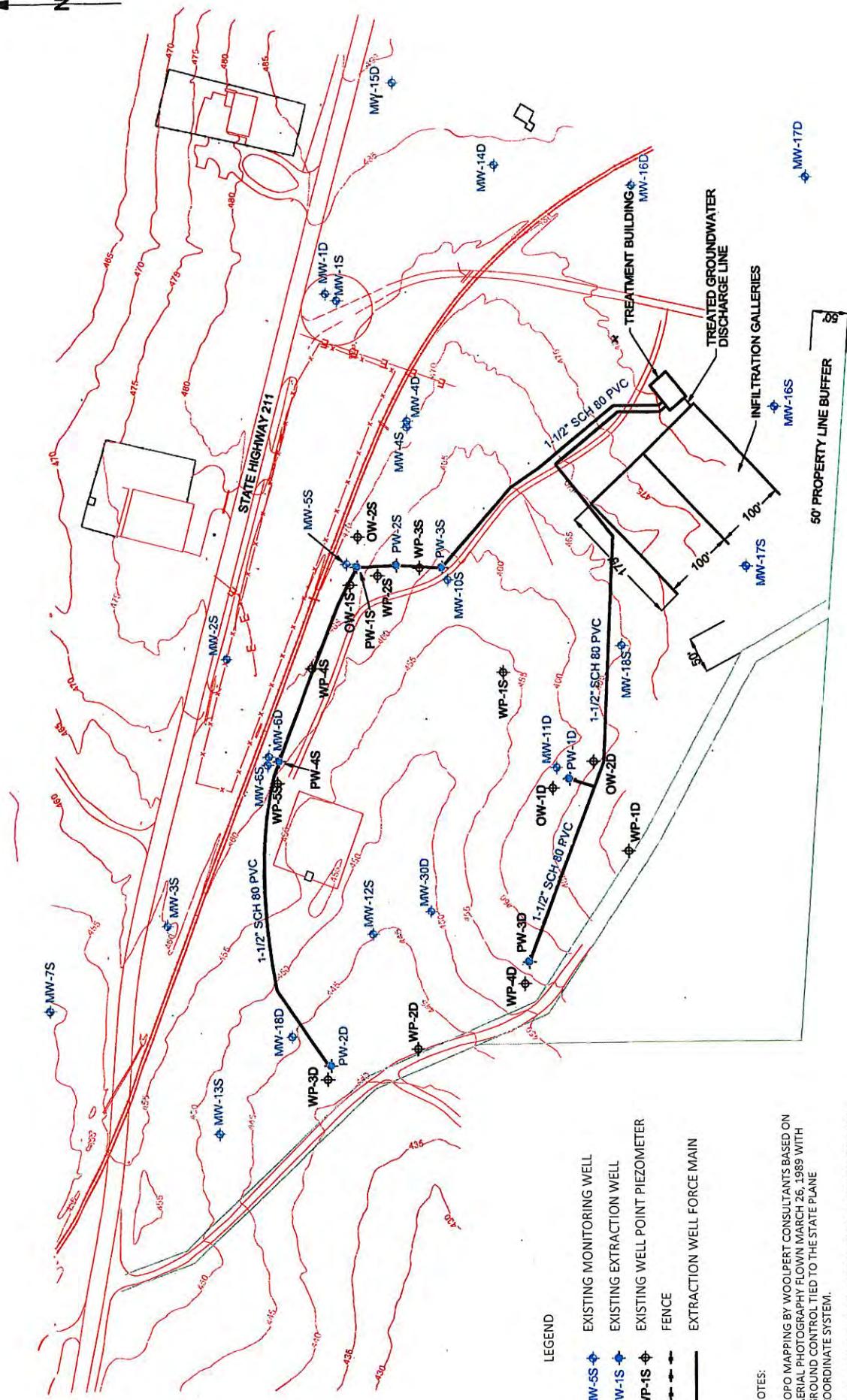
SUMMARY TABLE

TABLE 1: GROUNDWATER EXTRACTION AND TREATMENT SYSTEM MONITORING SCHEDULE

SAMPLE LOCATION	PARAMETERS		FREQUENCY	
	TCL PESTICIDES	TCE	QUARTERLY	ANNUALLY
MW-4S	✓			✓
MW-5S	✓			✓
MW-6S	✓			✓
MW-10S	✓	✓		✓
MW-16S	✓	✓		✓
MW-17S	✓	✓		✓
MW-18S	✓	✓		✓
MW-11D	✓	✓		✓
MW-16D		✓		✓
MW-17D		✓		✓
MW-18D	✓	✓		✓
MW-20D	✓			✓
MW-22D	✓			✓
MW-23D	✓			✓
MW-26D	✓			✓
MW-30D	✓	✓		✓
MW-22L	✓			✓
MW-25L	✓			✓
MW-27L	✓			✓
MW-31L	✓			✓
MW-32L	✓			✓
MW-36L	✓			✓
MW-37L	✓			✓
MW-38L	✓			✓
MW-39L	✓			✓
MW-40L	✓			✓
PZ-2	✓			✓
PZ-3	✓			✓
PZ-5	✓			✓
Influent	✓	✓	✓	
Effluent	✓	✓	✓	
Carbon Train A	✓	✓	✓	
Carbon Train B	✓	✓	✓	

ATTACHMENT 2

**SITE EXTRACTION AND TREATMENT
SYSTEM LAYOUT**

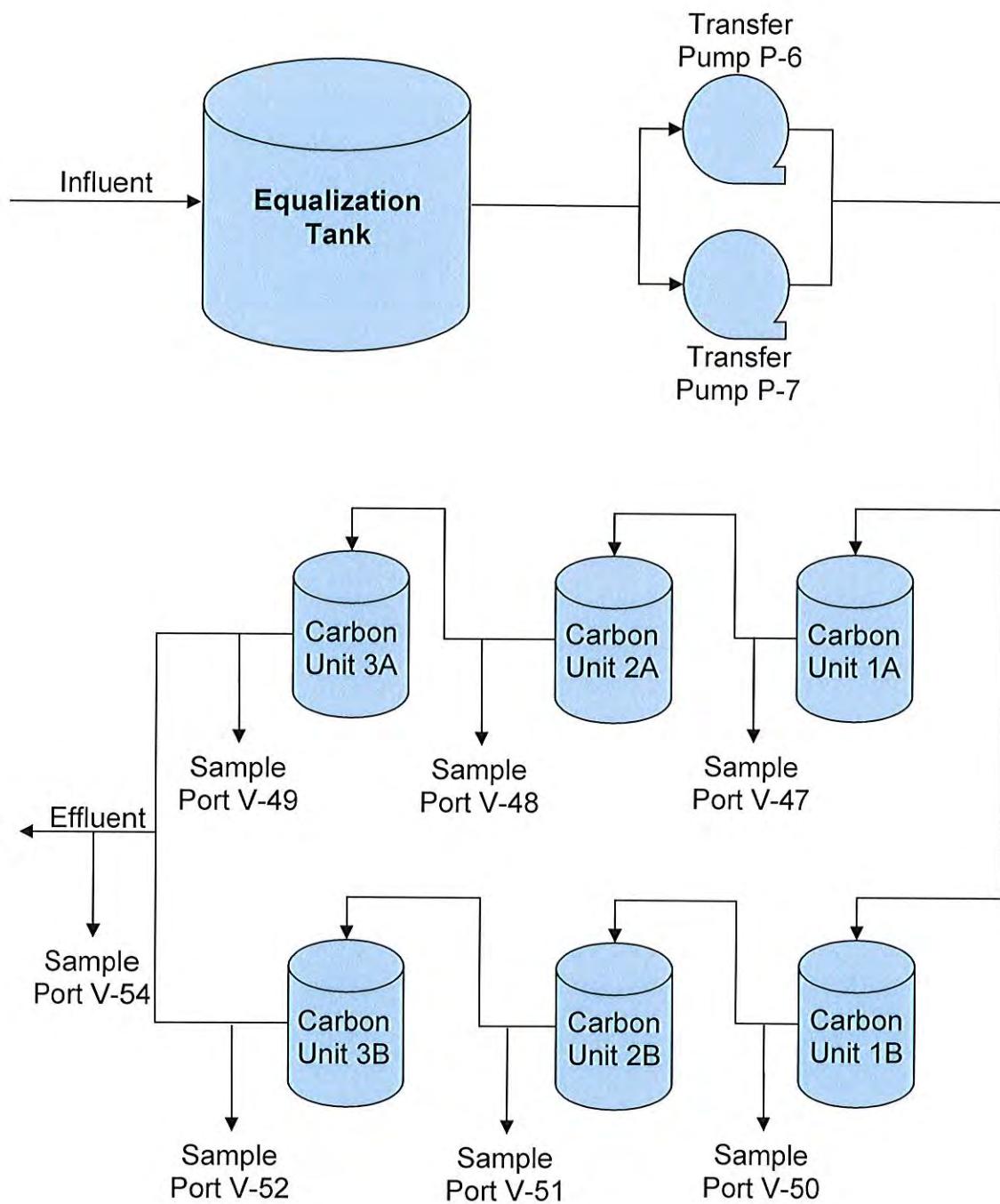


EnviroTrac
Environmental Services

7343 W. FRIENDLY AVENUE, SUITE J
GREENSBORO, NORTH CAROLINA
PHONE: 336-763-6025

DATE: 01/08/2015	APPROVED BY: CWH	SCALE: 1" = 200'
		PROJECT NO: 11.990010.00

Figure 2
Treatment System Process Layout
Geigy Chemical Corporation Site



ATTACHMENT 3

OCTOBER 2014 MONITORING EVENT

SUMMARY TABLES

TABLE 2: UPPER BLACK CREEK AQUIFER GROUNDWATER MONITORING SUMMARY

PARAMETER	ANALYTICAL DATA							PERFORMANCE STANDARD
	MW-11D	MW-18D	MW-20D	MW-22D	MW-23D	MW-26D	MW-30D	
	DATE COLLECTED	10/22/2014	10/21/2014	10/22/2014	10/22/2014	10/23/2014	10/23/2014	10/21/2014
Aldrin	NS	0.011 Jp	NS	0.049 U	0.049 U	0.049 U	0.048 U	0.05
alpha-BHC	NS	0.093	NS	0.03 J	0.035 J	0.0085 J	0.15	0.05
beta-BHC	NS	0.64	NS	0.19	0.033 J	0.01 J	3.3	0.05
delta-BHC	NS	0.14	NS	0.098	0.049 U	0.0094 J	0.73	0.05
gamma-BHC (Lindane)	NS	0.048 U	NS	0.023 J	0.025 J	0.021 J	0.16	0.2
alpha-Chlordane	NS	0.025 Jp	NS	0.049 U	0.049 U	0.022 J	0.048 U	NE
gamma-Chlordane	NS	0.048 U	NS	0.049 U	0.049 U	0.0092 J	0.047 Jp	NE
Dieldrin	NS	0.048 U	NS	0.015 J	0.049 U	0.049 U	0.51	0.1
4,4'-DDD	NS	0.048 U	NS	0.049 U	0.049 U	0.049 U	0.048 U	NE
4,4'-DDE	NS	0.048 U	NS	0.049 U	0.049 U	0.049 U	0.048 U	NE
4,4'-DDT	NS	0.048 U	NS	0.049 U	0.049 U	0.049 U	0.048 U	NE
Endosulfan I	NS	0.048 U	NS	0.049 U	0.049 U	0.049 U	0.048 U	NE
Endosulfan II	NS	0.048 U	NS	0.049 U	0.049 U	0.049 U	0.048 U	NE
Endosulfan sulfate	NS	0.034 J	NS	0.049 U	0.049 U	0.049 U	0.048 U	NE
Endrin	NS	0.048 U	NS	0.049 U*	0.049 U*	0.049 U*	0.048 U	NE
Endrin aldehyde	NS	0.048 U	NS	0.049 U	0.049 U	0.049 U	0.048 U	NE
Endrin ketone	NS	0.16	NS	0.018 J	0.049 U	0.049 U	0.32	0.1
Heptachlor	NS	0.048 U	NS	0.049 U	0.049 U	0.049 U	0.048 U	NE
Heptachlor epoxide	NS	0.048 U	NS	0.049 U	0.049 U	0.026 J	0.048 U	NE
Methoxychlor	NS	0.048 U	NS	0.049 U	0.049 U	0.049 U	0.048 U	NE
Toxaphene	NS	3.9 Jp	NS	4.9 U	4.9 U	4.9 U	5.3 p	1
Trichloroethene	NS	5.9	NS	NA	NA	NA	1.3	**

NOTES

Results are presented in micrograms per liter

J = Estimated value less than the reporting limit but greater than the method detection limit

U = Indicates the analyte was not detected

may be flagged with a D.

p = The %RPD between the primary and confirmation column/detector is >40%. The lower value has been reported.

NE = No standard established

* = LCS and LCSD exceeds the control limits

NA = Not analyzed for this compound

Bold = Concentration exceeds performance standard or method detection limits if no standard is established

** = Trichloroethene is not a COC for the Geigy site.

TABLE 3: LOWER BLACK CREEK AQUIFER GROUNDWATER MONITORING SUMMARY

PARAMETER	ANALYTICAL DATA												PERFORMANCE STANDARD	
	MW-22L	MW-25L	MW-27L	MW-31L	MW-32L	MW-36L	MW-37L	MW-38L	MW-39L	MW-40L	PZ-2	PZ-3	PZ-5	
SAMPLE LOCATION	10/22/2014	10/23/2014	10/22/2014	10/23/2014	10/23/2014	10/22/2014	10/23/2014	10/23/2014	10/23/2014	10/23/2014	10/22/2014	10/22/2014	10/23/2014	
Aldrin	0.048 U	0.049 U	0.049 U	0.049 U	0.049 U	0.049 U	0.048 U	0.048 U	0.048 U	0.048 U	0.048 U	0.05 U	0.051 U	0.05
alpha-BHC	0.19	0.77	1.3	0.58	0.049 U	0.049 U	0.61	0.048 U	0.048 U	0.048 U	0.36	0.27	1.5	0.05
beta-BHC	0.71	0.56	2.5	0.77	0.049 U	0.049 U	0.5	0.048 U	0.048 U	0.048 U	0.18	0.1	0.35	0.05
delta-BHC	0.47	0.98	2.9	1.1	0.049 U	0.049 U	1.0	0.048 U	0.048 U	0.048 U	0.25	0.17	0.61	0.05
gamma-BHC (Lindane)	0.16	0.11	0.25	0.11	0.049 U	0.049 U	0.18	0.048 U	0.048 U	0.048 U	0.26	0.19	1.1	0.2
alpha-Chlordane	0.048 U	0.049 U	0.049 U	0.049 U	0.049 U	0.049 U	0.048 U	0.048 U	0.048 U	0.048 U	0.048 U	0.05 U	0.051 U	NE
gamma-Chlordane	0.048 U	0.049 U	0.049 U	0.009 J	0.049 U	0.049 U	0.048 U	0.048 U	0.048 U	0.048 U	0.048 U	0.05 U	0.051 U	NE
Dieldrin	0.091	0.025 J	0.18	0.035 J	0.049 U	0.049 U	0.016 J	0.0041 J	0.048 U	0.048 U	0.014 J	0.0081 J	0.0078 J	0.1
4,4'-DDD	0.048 U	0.049 U	0.049 U	0.049 U	0.049 U	0.049 U	0.048 U	0.048 U	0.048 U	0.048 U	0.048 U	0.05 U	0.051 U	NE
4,4'-DDE	0.048 U	0.049 U	0.049 U	0.049 U	0.049 U	0.049 U	0.048 U	0.048 U	0.048 U	0.048 U	0.048 U	0.05 U	0.051 U	NE
4,4'-DDT	0.048 U	0.049 U	0.049 U	0.049 U	0.049 U	0.049 U	0.048 U	0.048 U	0.048 U	0.048 U	0.048 U	0.05 U	0.051 U	NE
Endosulfan I	0.048 U	0.049 U	0.049 U	0.049 U	0.049 U	0.049 U	0.048 U	0.048 U	0.048 U	0.048 U	0.048 U	0.05 U	0.051 U	NE
Endosulfan II	0.048 U	0.049 U	0.049 U	0.049 U	0.049 U	0.049 U	0.048 U	0.048 U	0.048 U	0.048 U	0.048 U	0.05 U	0.051 U	NE
Endosulfan sulfate	0.048 U	0.049 U	0.049 U	0.049 U	0.049 U	0.049 U	0.048 U	0.048 U	0.048 U	0.048 U	0.048 U	0.05 U	0.051 U	NE
Endrin	0.048 U*	0.049 U*	0.049 U*	0.049 U*	0.049 U	0.049 U	0.048 U	0.048 U	0.048 U	0.048 U	0.048 U	0.05 U*	0.051 U*	NE
Endrin aldehyde	0.048 U	0.049 U	0.049 U	0.049 U	0.049 U	0.049 U	0.048 U	0.048 U	0.048 U	0.048 U	0.048 U	0.05 U	0.051 U	NE
Endrin ketone	0.078	0.031 J	0.25	0.063	0.049 U	0.049 U	0.036 J	0.048 U	0.048 U	0.048 U	0.048 U	0.013 Jp	0.0078 J	0.022 J
Heptachlor	0.048 U	0.049 U	0.049 U	0.049 U	0.049 U	0.049 U	0.048 U	0.048 U	0.048 U	0.048 U	0.048 U	0.05 U	0.051 U	NE
Heptachlor epoxide	0.048 U	0.049 U	0.049 U	0.012 Jp	0.049 U	0.049 U	0.048 U	0.048 U	0.048 U	0.048 U	0.048 U	0.05 U	0.051 U	NE
Methoxychlor	0.048 U	0.049 U	0.049 U	0.049 U	0.049 U	0.049 U	0.048 U	0.048 U	0.048 U	0.048 U	0.048 U	0.05 U	0.051 U	NE
Toxaphene	1.2 J	4.9 U	2.0 Jp	4.9 U	4.9 U	4.9 U	4.8 U	4.8 U	4.8 U	4.8 U	4.8 U	5.0 U	5.1 U	1

NOTES

Results are presented in micrograms per liter

J = Estimated value less than the reporting limit but greater than the method detection limit

U = Indicates the analyte was not detected

may be flagged with a D.

p = The %RPD between the primary and confirmation column/detector is >40%. The lower value has been reported.

NE = No standard established

* = LCS and LCSD exceeds the control limits

NA = Not analyzed for this compound

Bold = Concentration exceeds performance standard or method detection limits if no standard is established

TABLE 4: INFLUENT AND EFFLUENT MONITORING SUMMARY

PARAMETER	FIRST QUARTER		SECOND QUARTER		THIRD QUARTER		FOURTH QUARTER		PERFORMANCE STANDARD
	SAMPLE LOCATION	INFLUENT	EFFLUENT	INFLUENT	EFFLUENT	INFLUENT	EFFLUENT	INFLUENT	EFFLUENT
DATE COLLECTED	1/15/2014	1/15/2014	4/21/2014	10/20/2014	7/10/2014	7/10/2014	10/21/2014	10/21/2014	
Aldrin	0.05 U	0.05 U	0.050 U	0.05 U	0.050 U	0.05 U	0.018 Jp	0.048 U	0.05
alpha-BHC	0.064	0.05 U	0.087	0.05 U	0.083	0.05 U	0.056	0.048 U	0.05
beta-BHC	2.4 E	0.05 U	3.8 E	0.05 U	3.7 E	0.0098 Jp	3.3	0.048 U	0.05
delta-BHC	0.56	0.05 U	0.70	0.05 U	0.80 E	0.05 U	0.72	0.048 U	0.05
gamma-BHC (Lindane)	0.047 J	0.05 U	0.074 p	0.05 U	0.074 p	0.05 U	0.048 U	0.048 U	0.2
alpha-Chlordane	0.05 U	0.05 U	0.15	0.05 U	0.050 U	0.05 U	0.048 U	0.048 U	NE
gamma-Chlordane	0.05 U	0.05 U	0.053 p	0.05 U	0.050 U	0.05 U	0.082	0.048 U	NE
Dieldrin	0.31	0.05 U	0.53	0.05 U	0.60	0.05 U	0.34 p	0.048 U	0.1
4,4'-DDD	0.05 U	0.05 U	0.050 U	0.05 U	0.050 U	0.05 U	0.048 U	0.048 U	NE
4,4'-DDE	0.05 U	0.05 U	0.098	0.05 U	0.050 U	0.05 U	0.048 U	0.048 U	NE
4,4'-DDT	0.05 U	0.05 U	0.050 U	0.05 U	0.050 U	0.05 U	0.048 U	0.048 U	NE
Endosulfan I	0.05 U	0.05 U	0.050 U	0.05 U	0.050 U	0.05 U	0.048 U	0.048 U	NE
Endosulfan II	0.05 U	0.05 U	0.050 U	0.05 U	0.050 U	0.05 U	0.048 U	0.048 U	NE
Endosulfan sulfate	0.05 U	0.05 U	0.050 U	0.05 U	0.050 U	0.05 U	0.048 U	0.048 U	NE
Endrin	0.05 U	0.05 U	0.050 U	0.05 U	0.050 U	0.05 U	0.048 U	0.048 U	NE
Endrin aldehyde	0.05 U	0.05 U	0.050 U	0.05 U	0.050 U	0.05 U	0.048 U	0.048 U	NE
Endrin ketone	0.22	0.05 U	0.38	0.05 U	0.40	0.05 U	0.31	0.048 U	0.1
Heptachlor	0.05 U	0.05 U	0.050 U	0.05 U	0.050 U	0.05 U	0.048 U	0.048 U	NE
Heptachlor epoxide	0.05 U	0.05 U	0.083	0.05 U	0.050 U	0.05 U	0.048 U	0.048 U	NE
Methoxychlor	0.05 U	0.05 U	0.050 U	0.05 U	0.050 U	0.05 U	0.048 U	0.048 U	NE
Toxaphene	5.2	5.0 U	13	5.0 U	15	5.0 U	5.5 p	4.8 U	1
Trichloroethene	2.6	1.0 U	1.8	1.0 U	2.7	1.0 U	1.5	1.0 U	**

NOTES

Results are presented in micrograms per liter

J = Estimated value less than the reporting limit but greater than the method detection limit

U = Indicates the analyte was not detected

D = Surrogate or matrix spike recoveries were not obtained because the extract was diluted for analysis; also compounds analyzed at a dilution may be flagged with a D.

p = The %RPD between the primary and confirmation column/detector is >40%. The lower value has been reported.

NE = No standard established

Bold = Concentration exceeds performance standard or method detection limits if no standard is established

** = Trichloroethene is not a COC for the Geigy site.

TABLE 5: ON SITE GROUNDWATER MONITORING SUMMARY

PARAMETER												PERFORMANCE STANDARD
SAMPLE LOCATION	MW-4S	MW-5S	MW-6S	MW-10S	MW-16S	MW-16D	MW-17S	MW-17D	MW-18S	MW-18D	MW-30D	
DATE COLLECTED	10/21/2014	10/21/2014	10/21/2014	10/21/2014	10/21/2014	10/22/2014	10/21/2014	10/22/2014	10/21/2014	10/21/2014	10/21/2014	
Aldrin	0.048 U	0.17	0.0099 Jp	0.048 U	0.048 U	NA	0.048 U	NA	0.048 U	0.011 Jp	0.048 U	0.05
alpha-BHC	0.048 U	0.035 J	0.043 J	0.0056 J	0.048 U	NA	0.048 U	NA	0.048 U	0.093	0.15	0.05
beta-BHC	0.5	3.7	1.9	0.56	0.048 U	NA	0.014 J	NA	0.048 U	2	3.3	0.05
delta-BHC	0.19	0.5	0.62	0.02 J	0.048 U	NA	0.048 U	NA	0.048 U	0.64	0.73	0.05
gamma-BHC (Lindane)	0.048 U	0.035 Jp	0.05 U	0.009 Jp	0.048 U	NA	0.048 U	NA	0.048 U	0.14	0.16	0.2
alpha-Chlordane	0.048 U	0.049 U	0.05 U	0.048 U	0.048 U	NA	0.048 U	NA	0.048 U	0.048 U	0.048 U	NE
gamma-Chlordane	0.016 J	0.049 U	0.035 J	0.0067 J	0.048 U	NA	0.048 U	NA	0.048 U	0.025 Jp	0.047 Jp	NE
Dieldrin	0.13	1.5	0.12 p	0.074	0.048 U	NA	0.0081 J	NA	0.048 U	0.048 U	0.51	0.1
4,4'-DDD	0.048 U	0.049 U	0.05 U	0.048 U	0.048 U	NA	0.048 U	NA	0.048 U	0.048 U	0.048 U	NE
4,4'-DDE	0.048 U	0.049 U	0.05 U	0.048 U	0.048 U	NA	0.048 U	NA	0.048 U	0.048 U	0.048 U	NE
4,4'-DDT	0.011 J	0.049 U	0.05 U	0.048 U	0.048 U	NA	0.048 U	NA	0.048 U	0.048 U	0.048 U	NE
Endosulfan I	0.048 U	0.049 U	0.05 U	0.048 U	0.048 U	NA	0.048 U	NA	0.048 U	0.048 U	0.048 U	NE
Endosulfan II	0.048 U	0.049 U	0.05 U	0.048 U	0.048 U	NA	0.048 U	NA	0.048 U	0.048 U	0.048 U	NE
Endosulfan sulfate	0.0092 J	0.049 U	0.026 J	0.048 U	0.048 U	NA	0.048 U	NA	0.048 U	0.034 J	0.048 U	NE
Endrin	0.048 U	0.049 U	0.05 U	0.048 U	0.048 U	NA	0.048 U	NA	0.048 U*	0.048 U	0.048 U	NE
Endrin aldehyde	0.048 U	0.049 U	0.05 U	0.048 U	0.048 U	NA	0.048 U	NA	0.048 U	0.048 U	0.048 U	NE
Endrin ketone	0.049	0.4 p	0.11	0.098	0.048 U	NA	0.01 J	NA	0.048 U	0.16	0.32	0.1
Heptachlor	0.048 U	0.049 U	0.05 U	0.048 U	0.048 U	NA	0.048 U	NA	0.048 U	0.048 U	0.048 U	NE
Heptachlor epoxide	0.016 Jp	0.049 U	0.05 U	0.0083 Jp	0.048 U	NA	0.048 U	NA	0.048 U	0.048 U	0.048 U	NE
Methoxychlor	0.048 U	0.049 U	0.05 U	0.048 U	0.048 U	NA	0.048 U	NA	0.048 U	0.048 U	0.048 U	NE
Toxaphene	1.2 J	1.7	2.1 Jp	0.47 Jp	4.8 U	NA	4.8 U	NA	4.8 U	3.9 Jp	5.3 p	1
Trichloroethene	NA	NA	NA	1 U	1 U	57	1 U	190	1 U	5.9	1.3	**

NOTES

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NA = Not analyzed for this compound

Bold = Concentration exceeds performance standard or method detection limits if no standard is established

** = Trichloroethene is not a COC for the Geigy site.

TABLE 6: GROUNDWATER EXTRACTION AND TREATMENT SYSTEM SUMMARY

LOCATION													
DATE	12/17/13	01/15/14	02/19/14	03/21/14	04/21/14	05/07/14	06/24/14	07/10/14	08/27/14	09/30/14	10/20/14	11/20/14	12/29/14
PW-1S	4,529,567 ²	4,529,625 ²	4,529,670 ²	4,590,074	4,658,596	4,695,215	4,805,963	4,840,633	4,933,951	4,988,241	5,019,234	5,060,733	5,101,740
PW-1D	57,223,714	57,469,155	57,753,784	57,957,767	58,159,609	58,255,404	58,545,724	58,644,451	58,947,387	59,129,658	59,273,170	59,548,433	59,723,181
PW-2S	1,180,460	1,187,481	1,198,141	1,198,152 ³	1,198,161 ³	1,206,058	1,231,450	1,239,515	1,262,236	1,276,511	1,285,612	1,293,326	1,301,037
PW-2D	15,917,952	16,005,709	16,109,810	16,201,035	16,297,690	16,347,222	16,501,191	16,553,966	16,715,289	16,831,355	16,903,631	17,019,476	17,135,058
PW-3S	1,346,889	1,363,761	1,380,033	1,400,666	1,428,813	1,444,189	1,490,039	1,504,210	1,541,307	1,561,426	1,572,574	1,585,972	1,599,445
PW-3D	12,467,832	12,468,420 ¹	12,649,340	12,818,882	12,993,015	13,078,766	13,337,174	13,423,478	13,684,080	13,726,440 ⁴	13,789,077	13,789,077 ⁵	13,789,077 ⁵
PW-4S	18,527,409	18,661,013	18,863,732	19,032,254	19,211,990	19,307,987	19,587,119	19,681,750	19,969,384	20,157,923	20,276,470	20,431,010	20,587,180
Extraction Wells	111,193,823	111,685,164	112,484,510	113,198,830	113,947,874	114,334,841	115,498,660	115,888,003	117,053,634	117,671,554	118,119,768	118,728,027	119,236,718
Treatment Building	118,324,125	118,827,952	119,669,210	120,412,794	121,200,695	121,601,304	122,820,074	123,227,978	124,446,946	125,090,335	125,535,671	126,133,404	126,731,190
Difference	7,130,302	7,142,788	7,184,700	7,213,964	7,252,821	7,266,463	7,321,414	7,339,975	7,393,312	7,418,781	7,415,903	7,405,377	7,494,472
% Difference	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%	5.9%	5.9%	5.9%	5.9%	5.9%
LOCATION													
TIME PERIOD	11/14/13 12/17/13	12/17/13 01/15/14	01/15/14 02/19/14	02/19/14 03/21/14	03/21/14 04/21/14	04/21/14 05/07/14	05/07/14 06/24/14	06/24/14 07/10/14	07/10/14 08/27/14	08/27/14 09/30/14	09/30/14 10/20/14	10/20/14 11/20/14	11/20/14 12/29/14
DAYS IN PERIOD	33	29	35	36	25	16	48	16	48	34	20	31	39
TOTAL DAYS OF OPERATION	5,936	5,965	6,000	6,036	6,061	6,077	6,125	6,141	6,189	6,223	6,243	6,274	6,313
Average Daily Volume (gallons)													
PW-1S	4.82 ²	2.00 ²	1.29 ²	1,678	2,741	2,289	2,307	2,167	1,944	1,596.76	1,549.65	1,338.68	1,051.46
PW-1D	8,185	8,463	8,132	5,666	8,074	5,987	6,048	6,170	6,311	5,361	7,176	8,879	4,481
PW-2S	38	242.10	304.6	0.3 ³	0.4 ³	493.6	529.0	504.1	473.4	420	455	249	198
PW-2D	2,984	3,026	2,974	2,534	3,866	3,096	3,208	3,298	3,361	3,414	3,614	3,737	2,964
PW-3S	667	582	465	573	1,126	961	955	886	773	592	557	432	345
PW-3D	2,586	20 ¹	5,169	4,710	6,965	5,359	5,384	5,394	5,429	1,246 ⁴	3,132	0 ⁵	0 ⁵
PW-4S	5,568	4,607	5,792	4,681	7,189	6,000	5,815	5,914	5,992	5,545	5,927	4,985	4,004
Extraction Wells	20,033	16,943	22,838	19,842	29,962	24,185	24,246	24,334	24,284	18,174	22,411	19,621	13,043
Average Flow Rate (gallons per minute)													
PW-1S	0.00 ²	0.00 ²	0.00 ²	1.17	1.90	1.59	1.60	1.50	1.35	1.11	1.08	0.93	0.73
PW-1D	5.68	5.88	5.65	3.93	5.61	4.16	4.20	4.29	4.38	3.72	4.98	6.17	3.11
PW-2S	0.03	0.17	0.21	0.00 ³	0.00 ³	0.34	0.37	0.35	0.33	0.29	0.32	0.17	0.14
PW-2D	2.07	2.10	2.07	1.76	2.68	2.15	2.23	2.29	2.33	2.37	2.51	2.60	2.06
PW-3S	0.46	0.40	0.32	0.40	0.78	0.67	0.66	0.62	0.54	0.41	0.39	0.30	0.24
PW-3D	1.80	0.01 ¹	3.59	3.27	4.84	3.72	3.74	3.75	3.77	0.87 ⁴	2.17	0.00 ⁵	0.00 ⁵
PW-4S	3.87	3.20	4.02	3.25	4.99	4.17	4.04	4.11	4.16	3.85	4.12	3.46	2.78
EXTRACTION WELLS	13.91	11.77	15.86	13.78	20.81	16.80	16.84	16.90	16.86	12.62	15.56	13.63	9.06
SYSTEM TO DATE	13.84	13.83	13.85	13.85	13.89	13.90	13.93	13.94	13.96	13.96	13.96	13.96	13.94

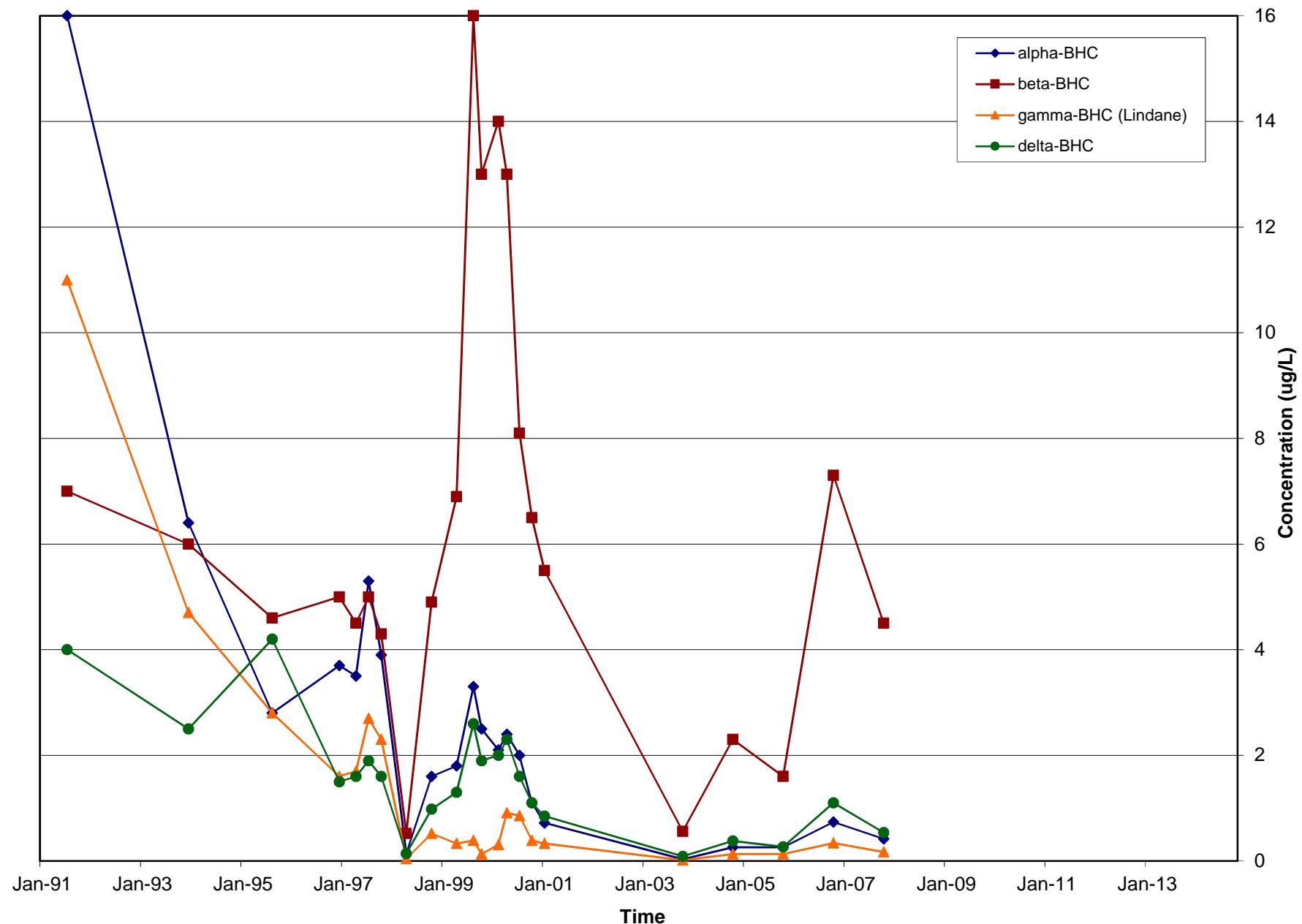
Notes:

¹ On 1/15/14 replaced pump on PW-3D.² On 2/19/14 replaced relay on PW-1S.³ On 4/21/14 replaced pump controller on PW-2S with remanufactured unit.⁴ On 9/30/14 replaced relay and pump controller on PW-3D.⁵ PW-3D pump not working.

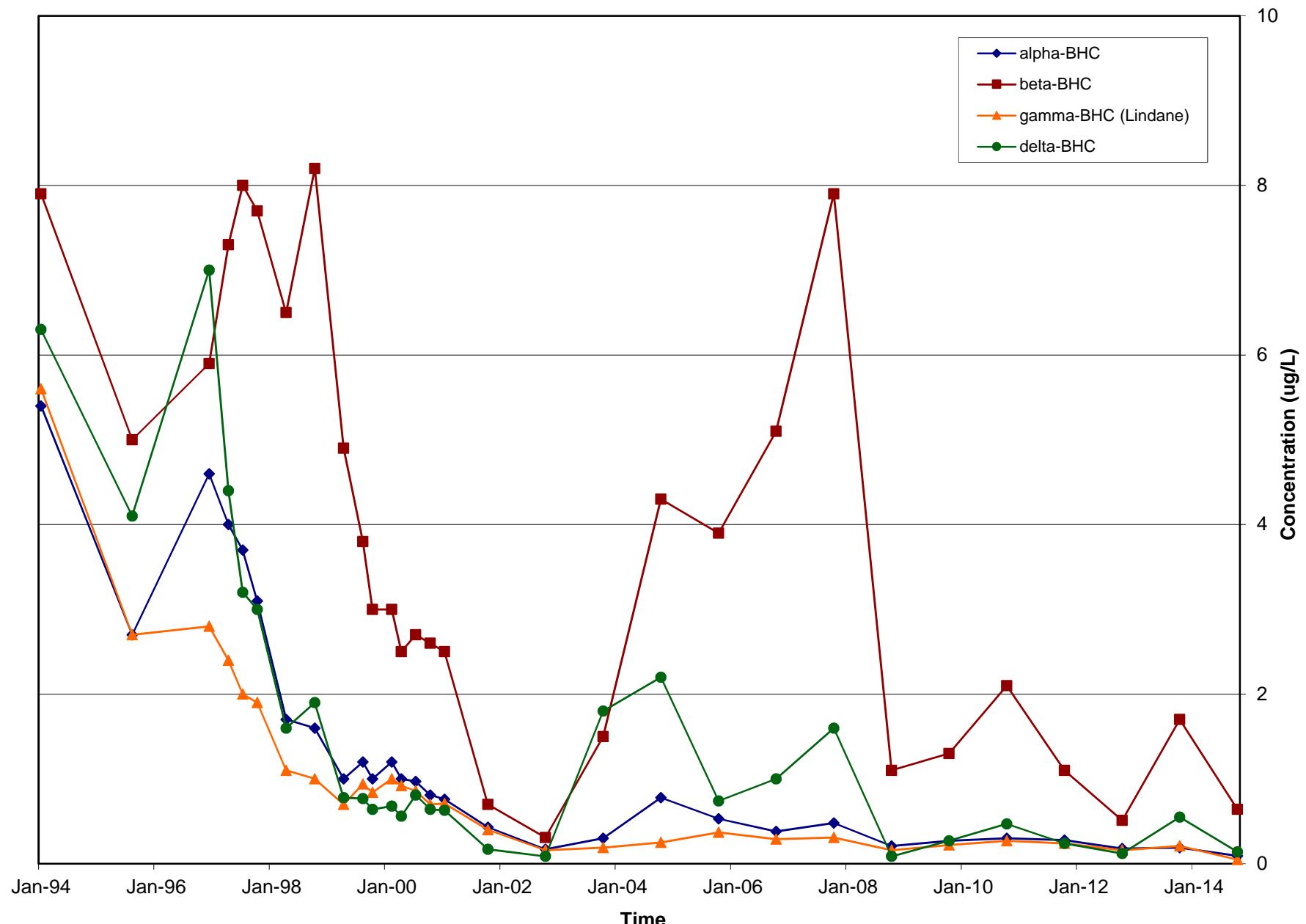
ATTACHMENT 4

BHC ISOMER TREND GRAPHS AND FIGURES

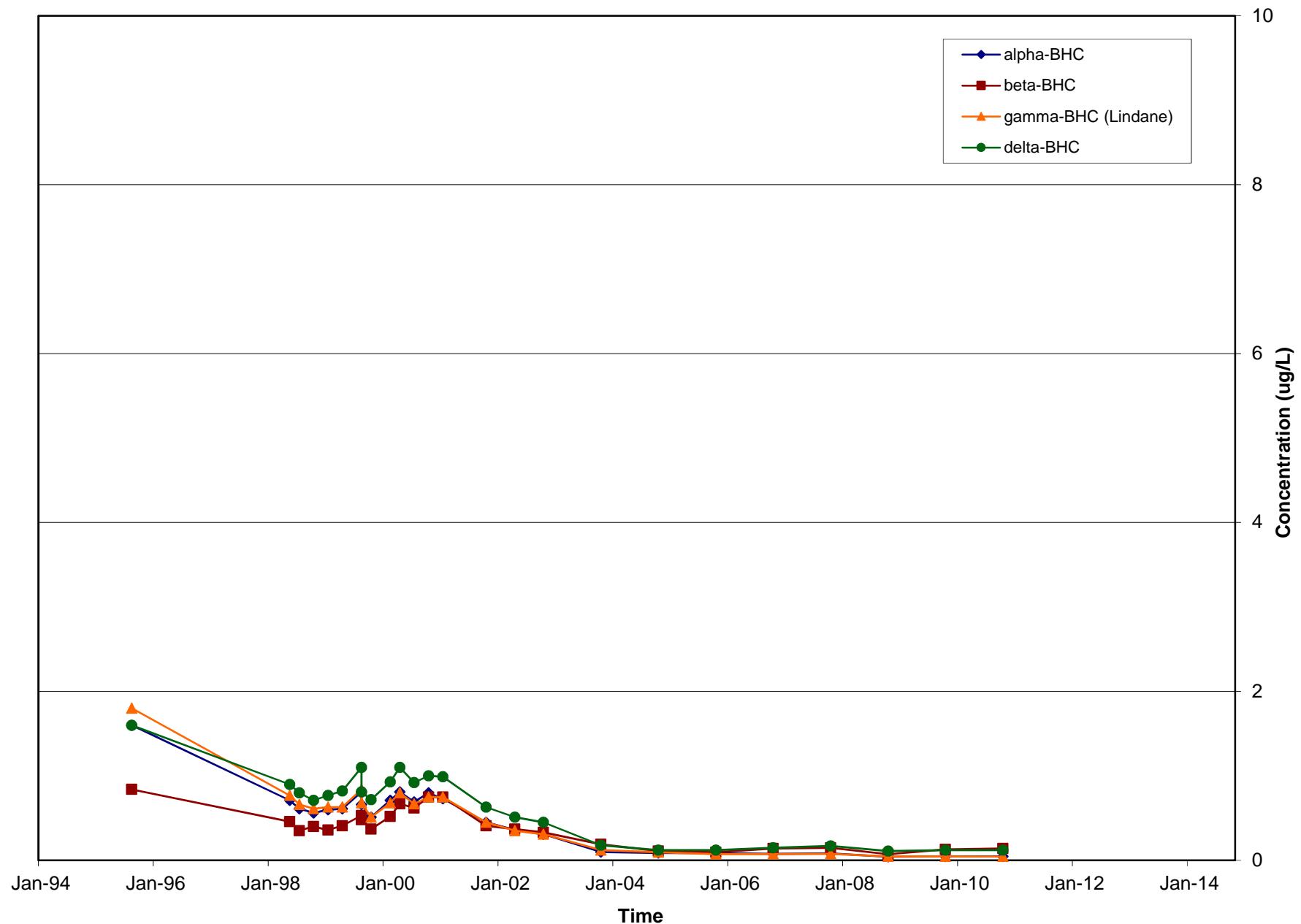
MW-11D



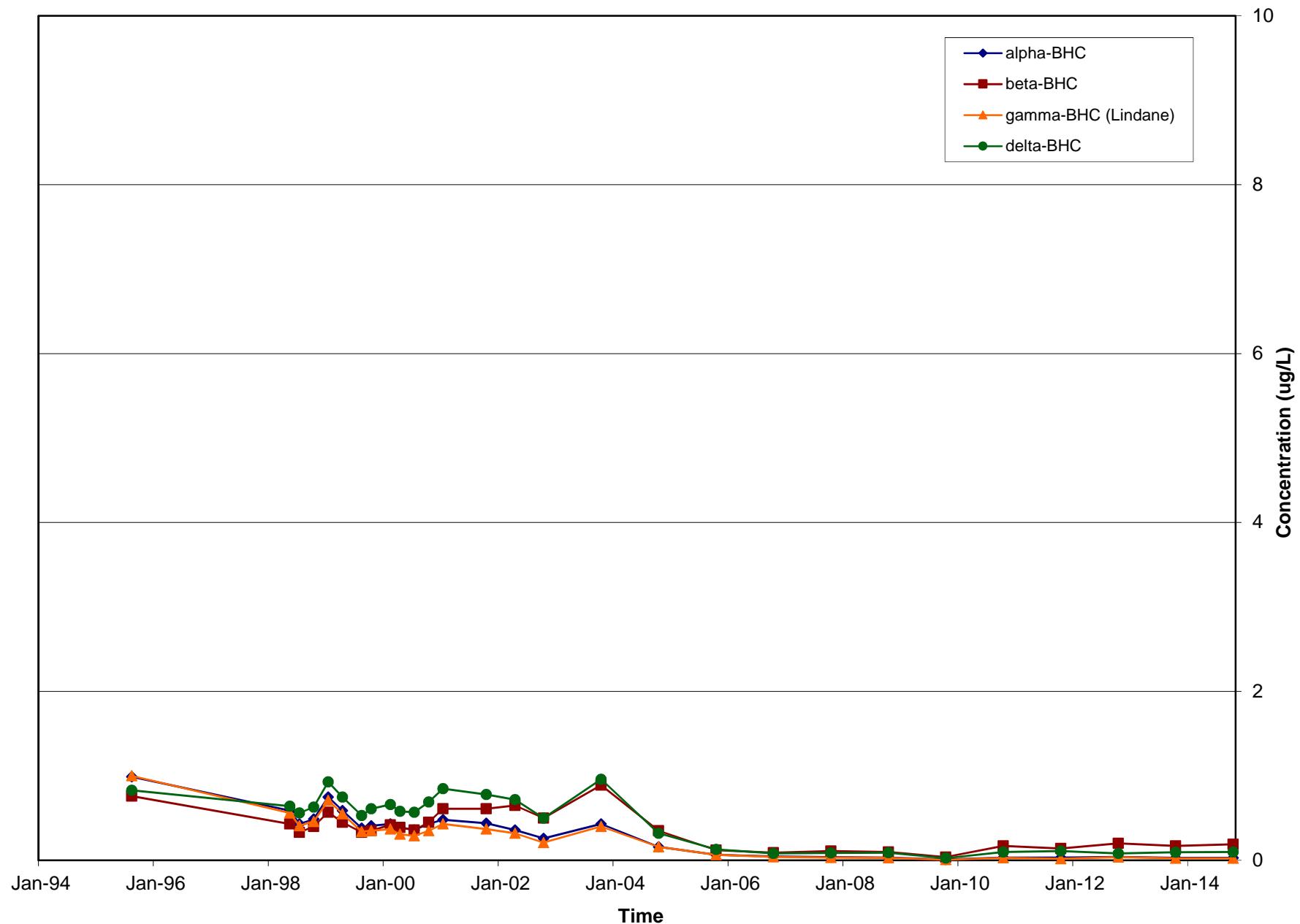
MW-18D



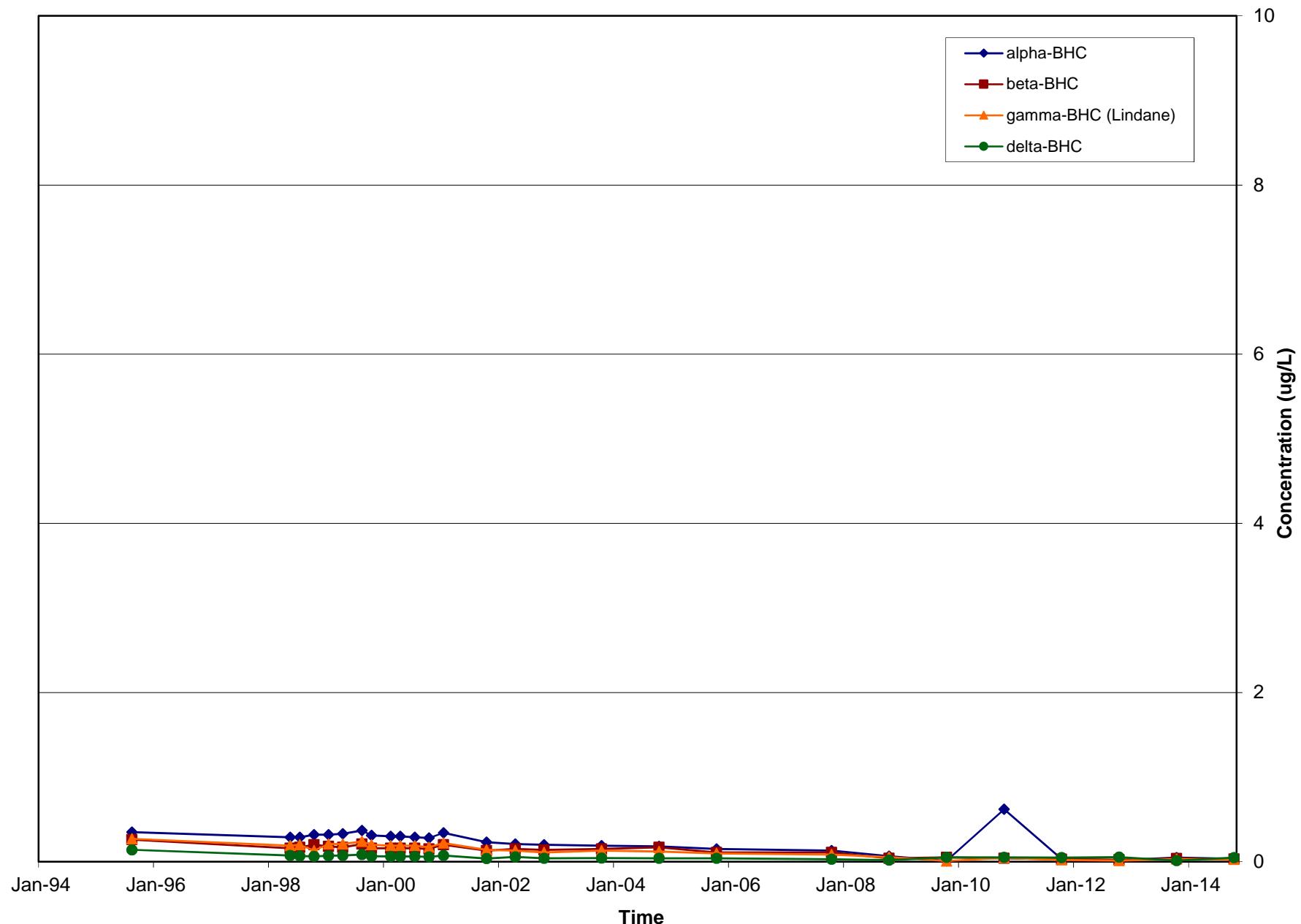
MW-20D



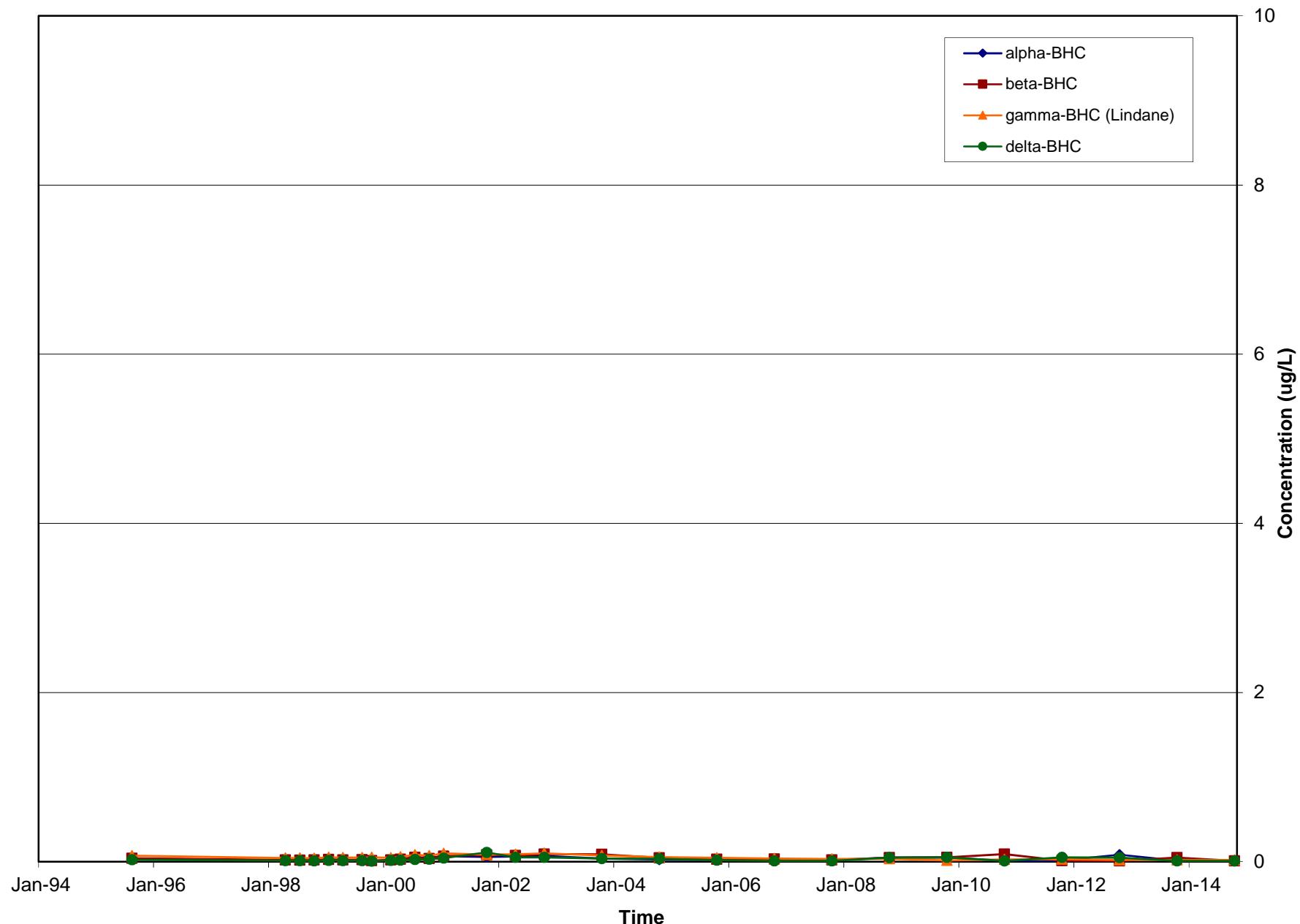
MW-22D



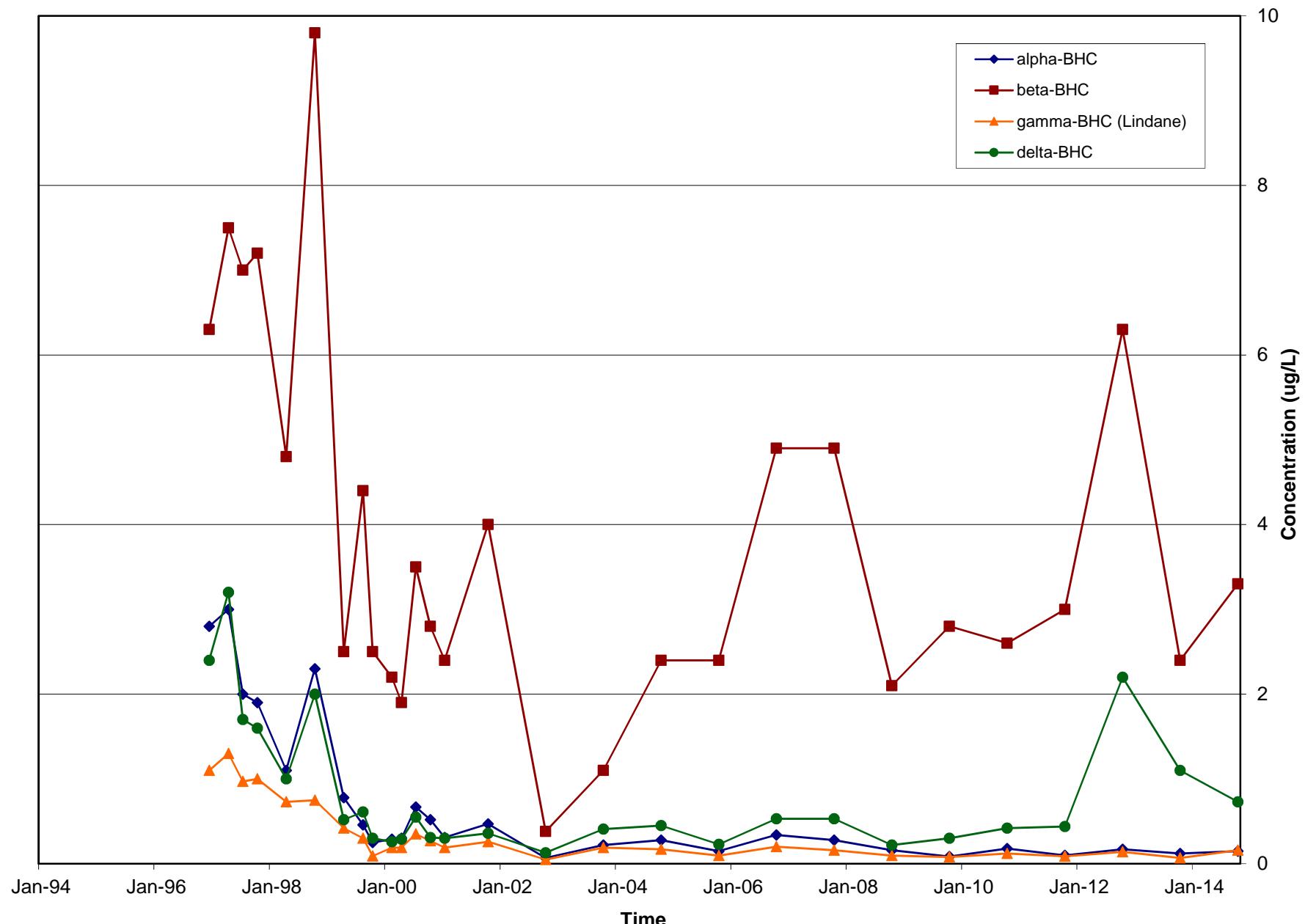
MW-23D



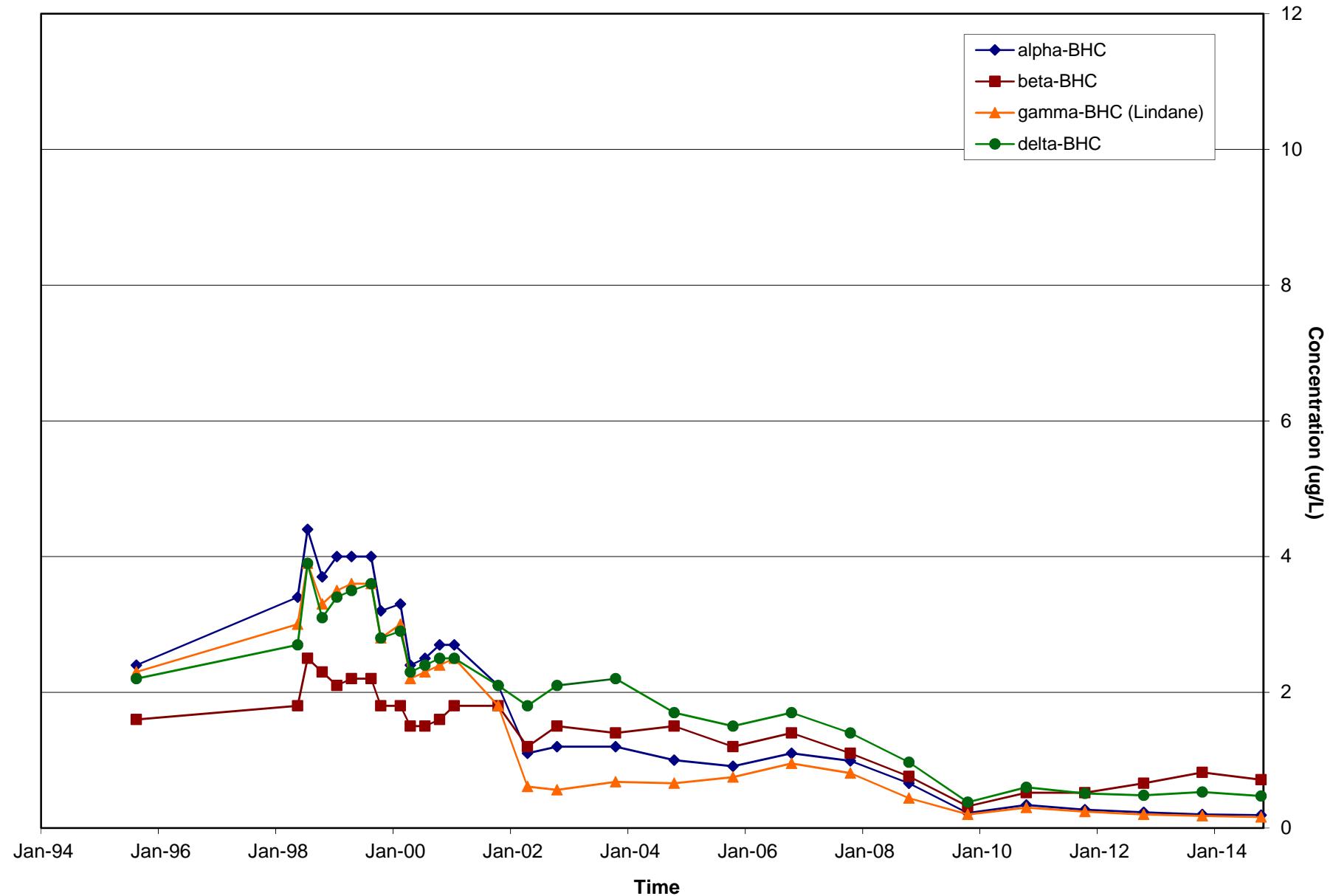
MW-26D



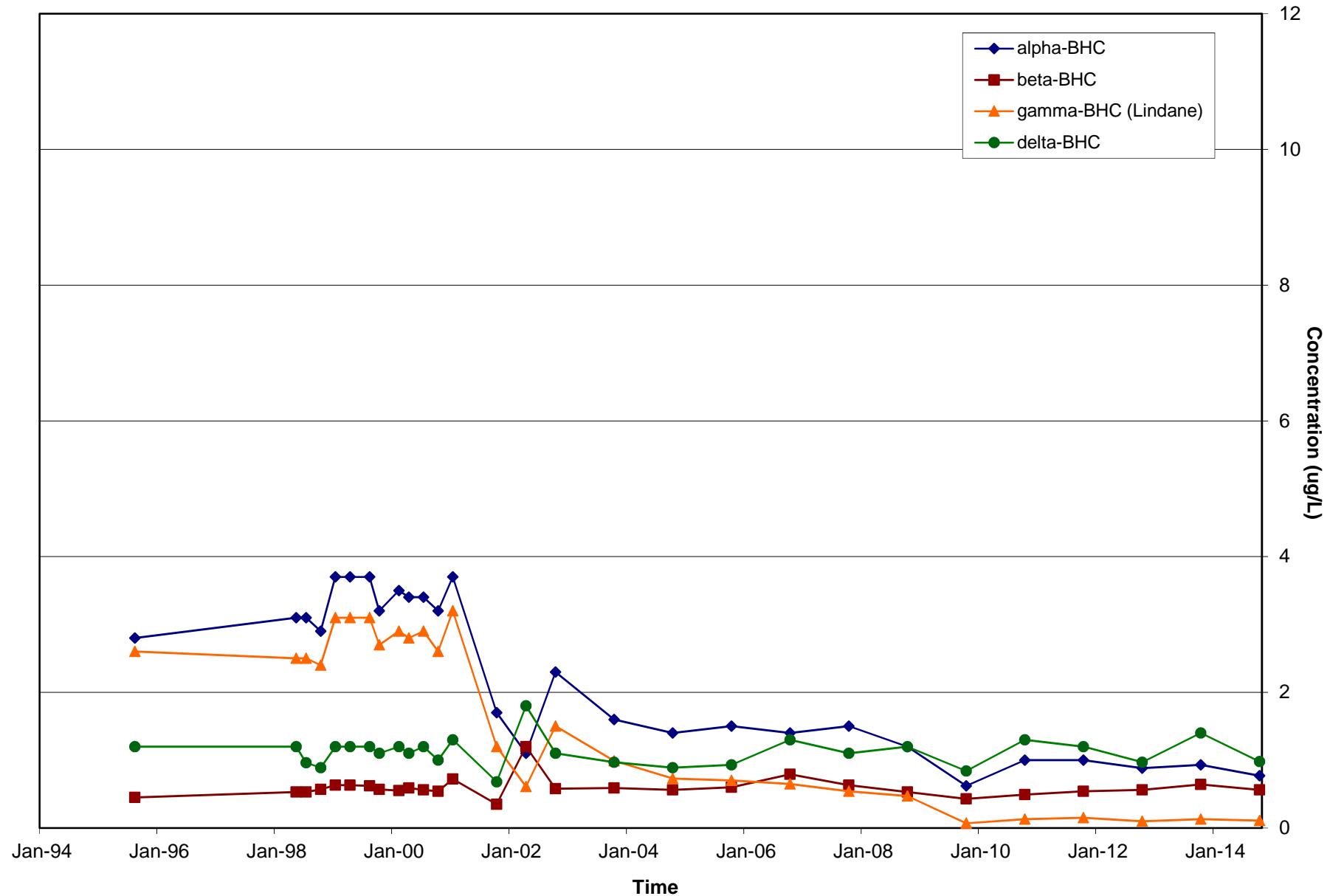
MW-30D

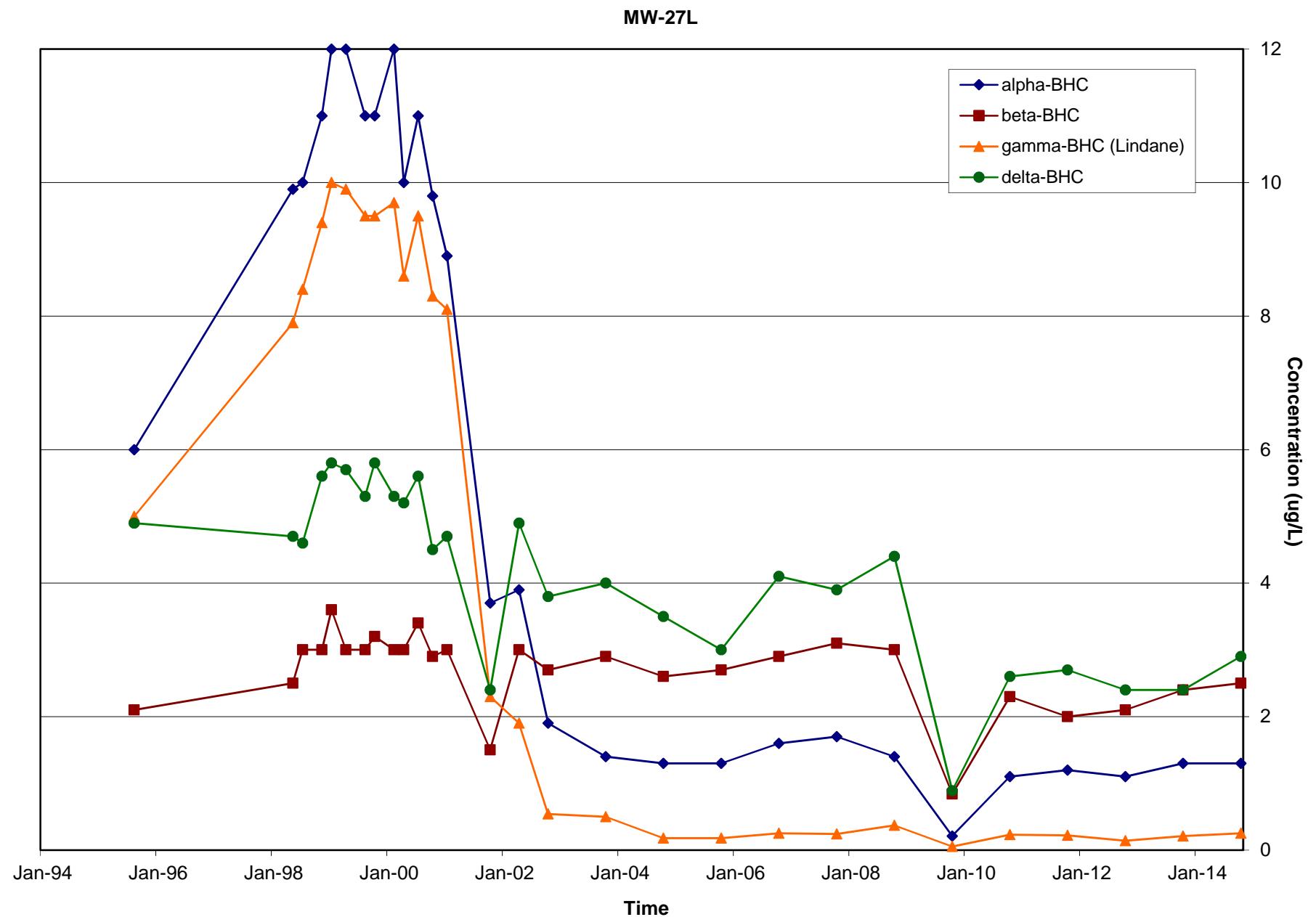


MW-22L

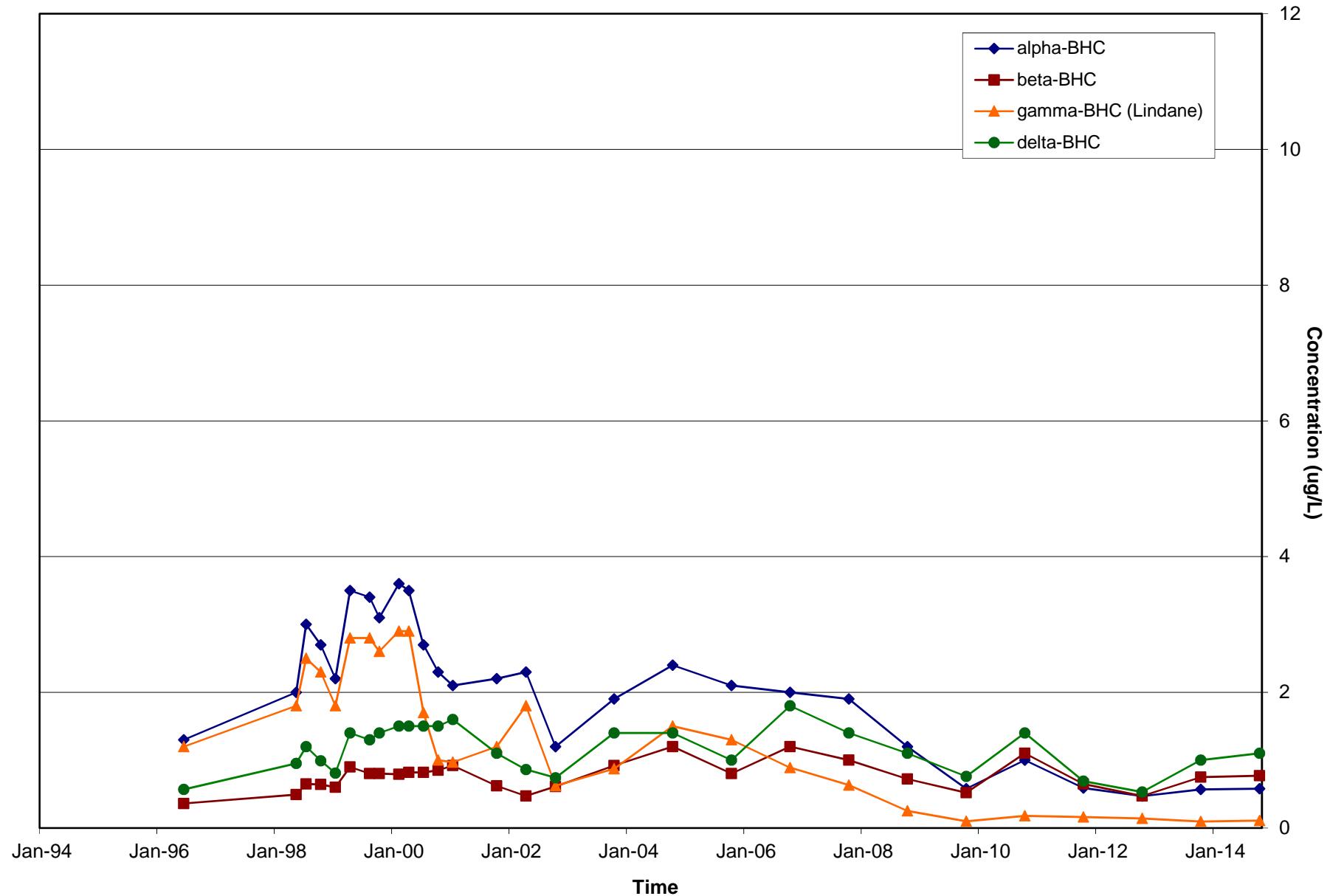


MW-25L

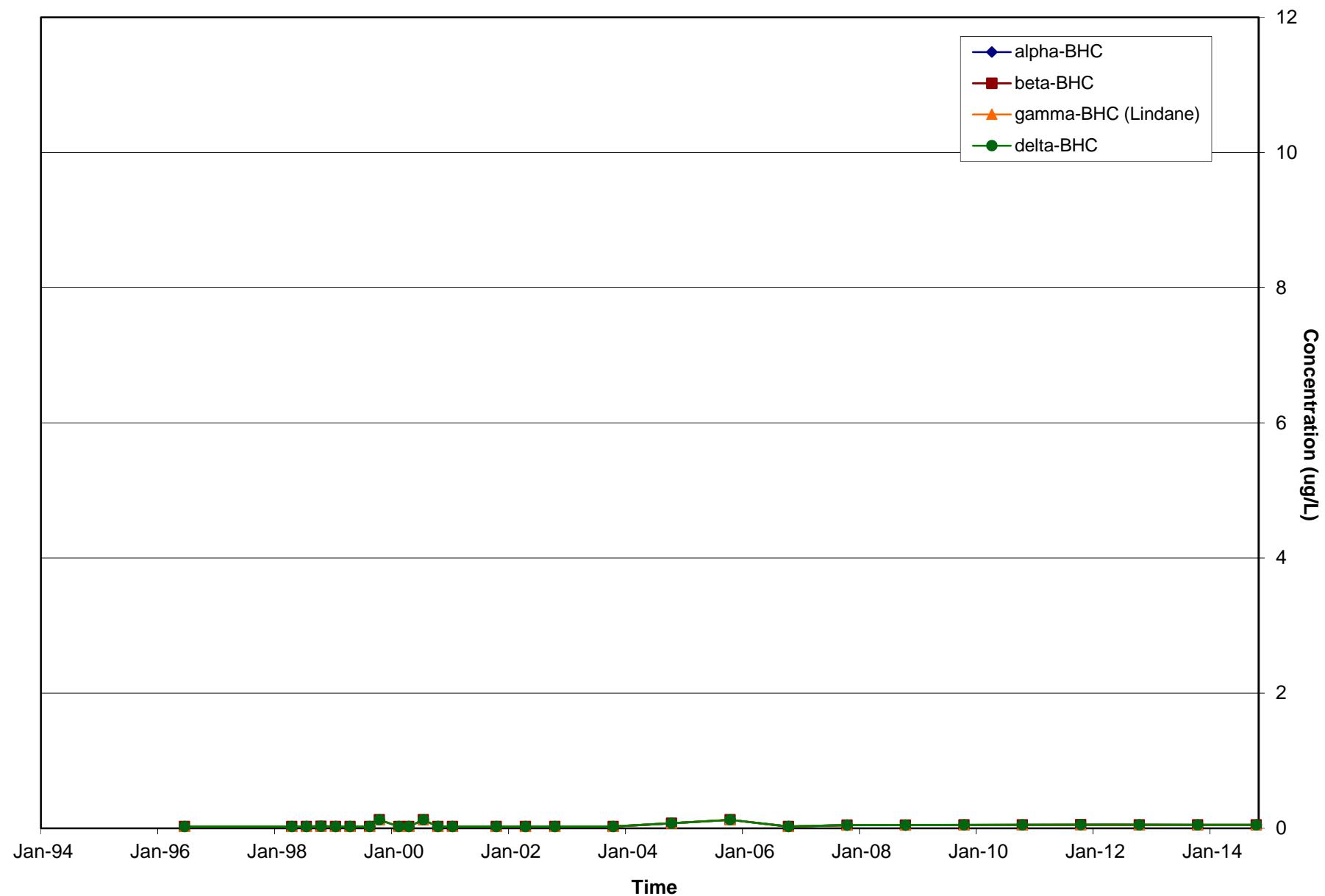




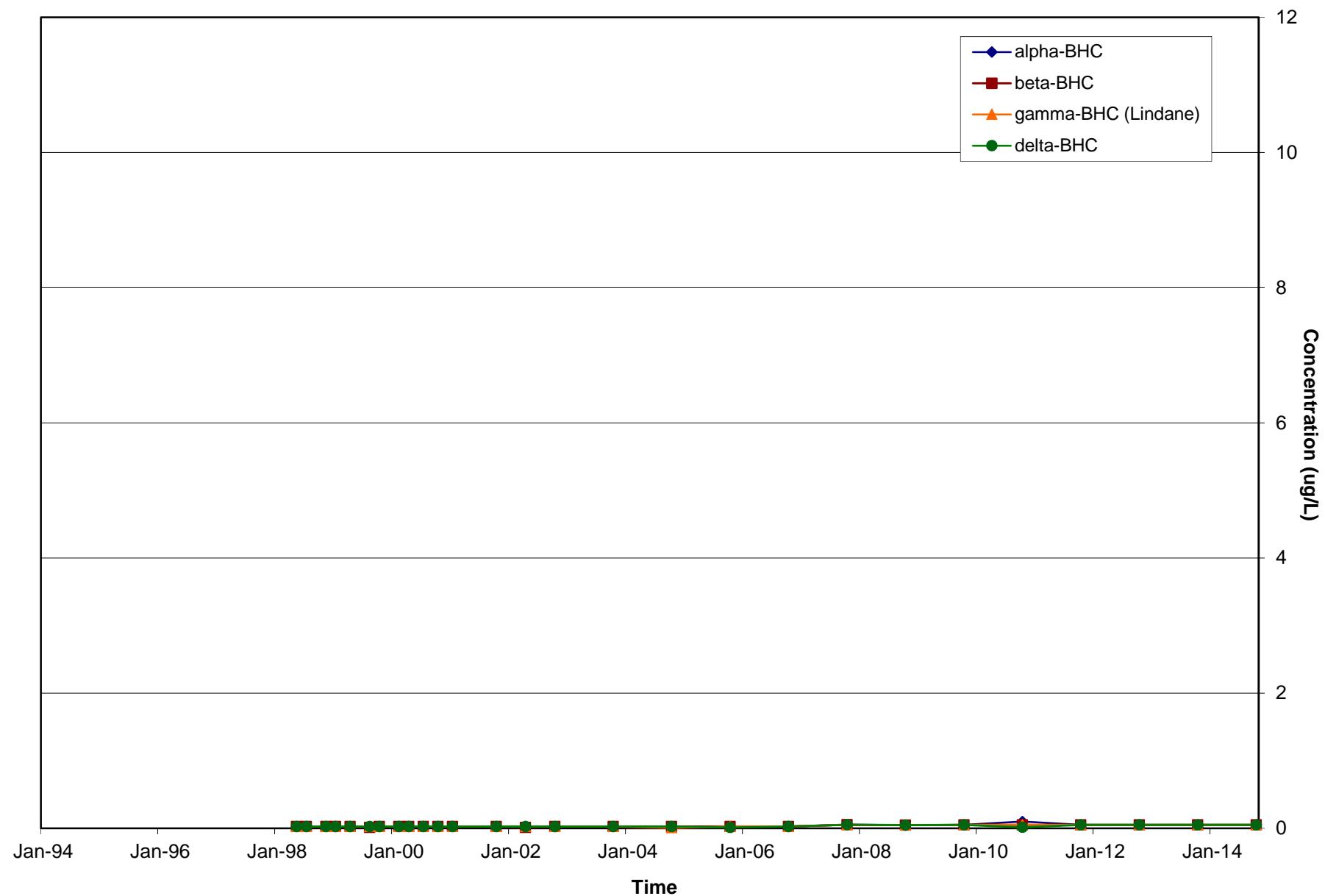
MW-31L



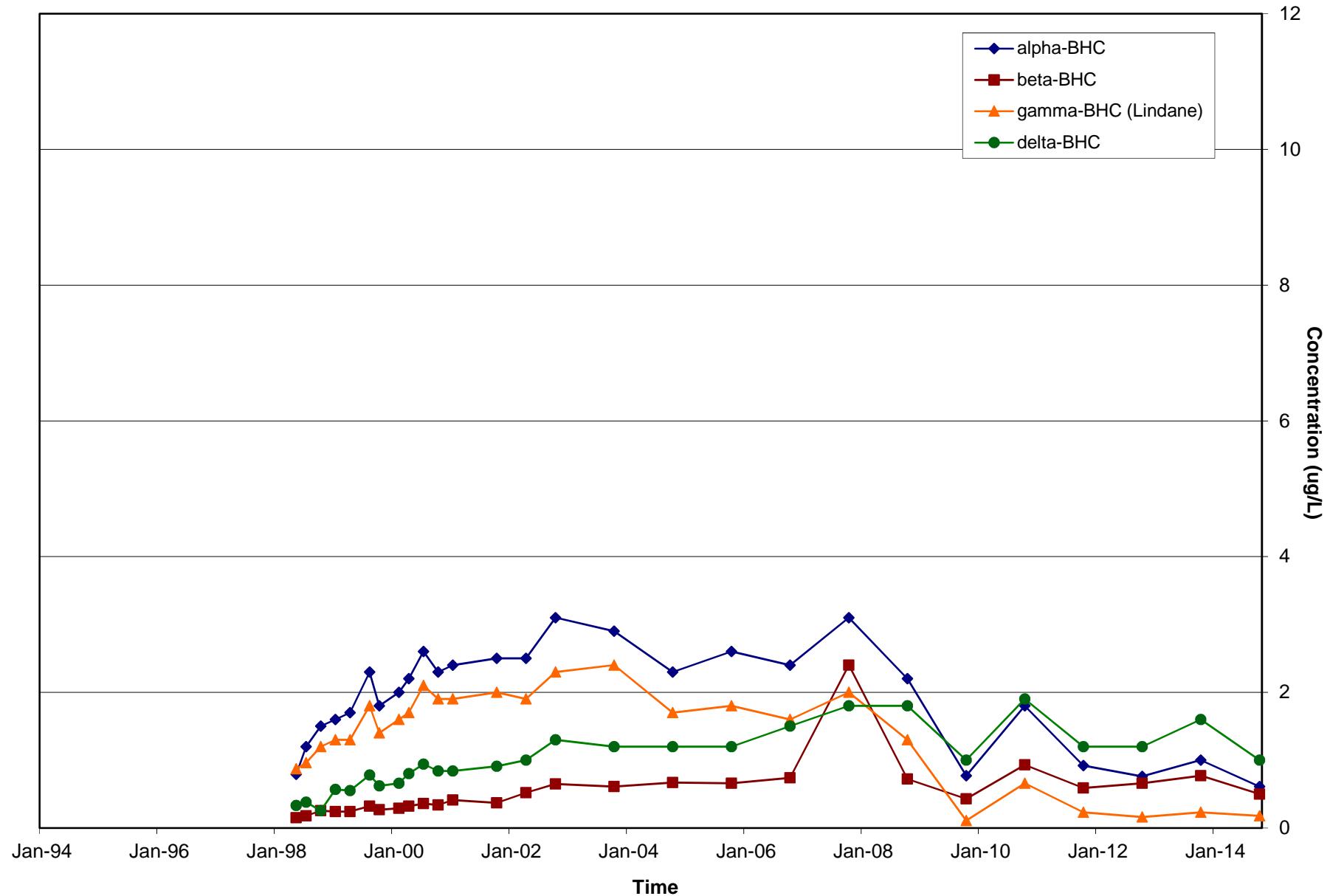
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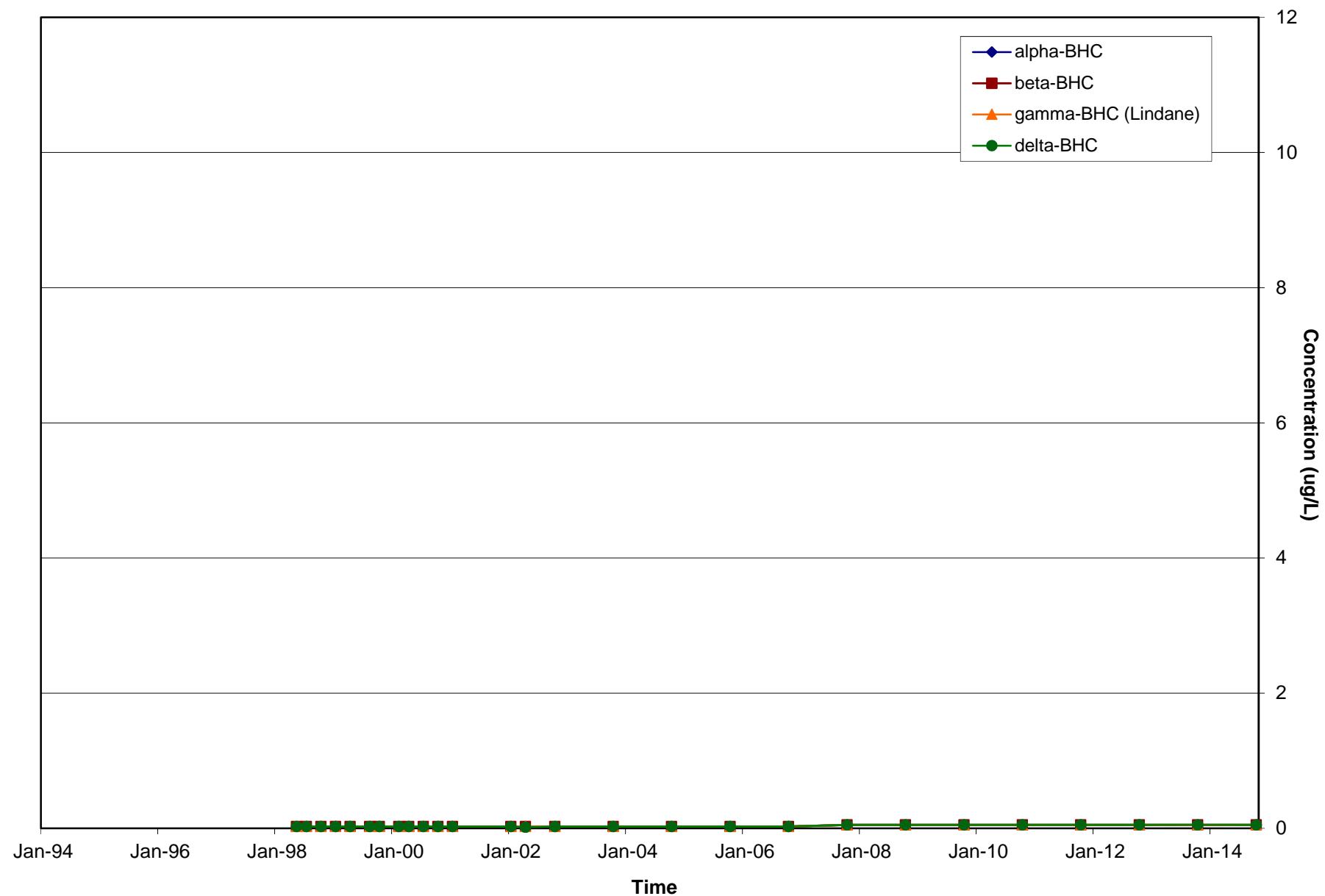
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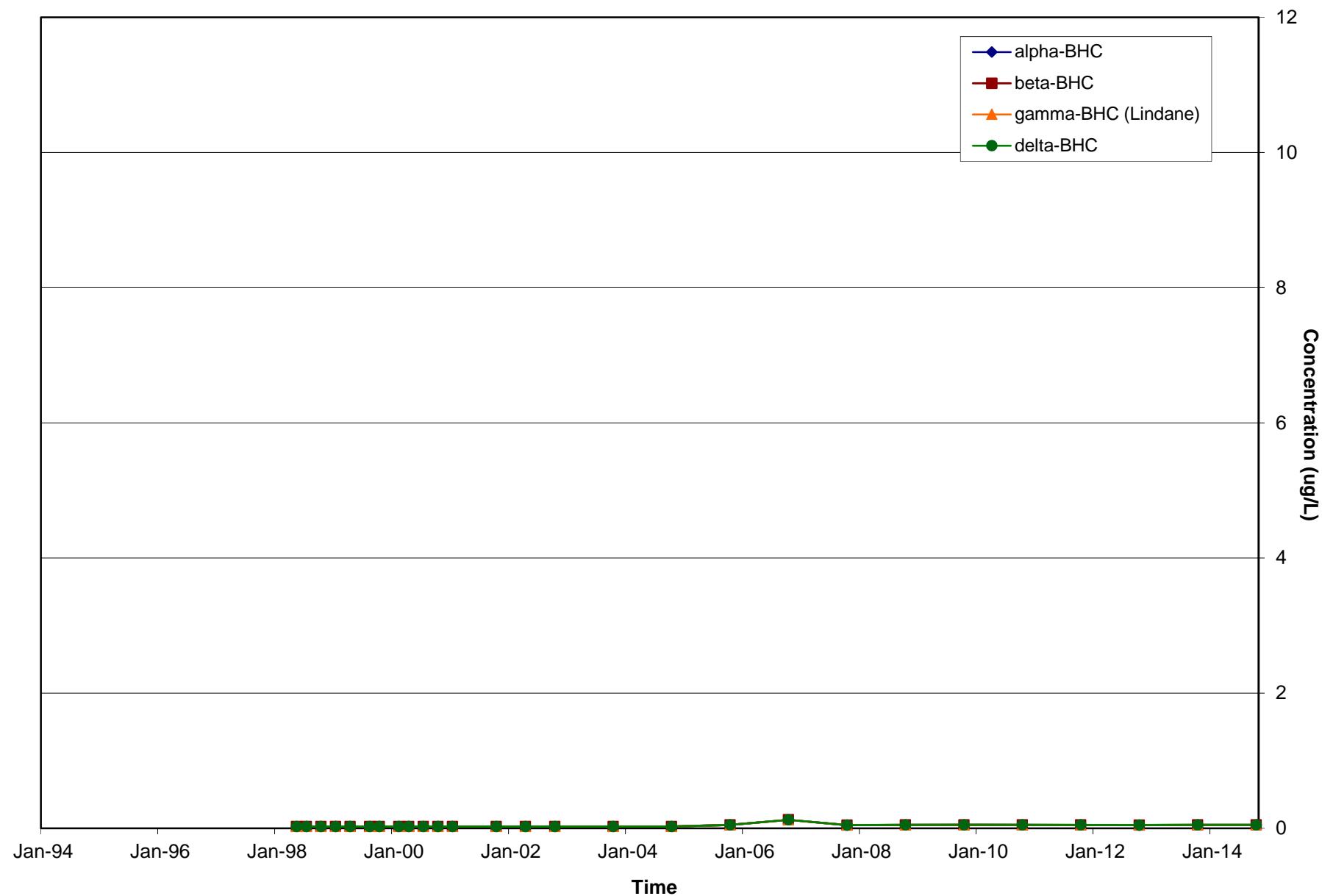
MW-37L



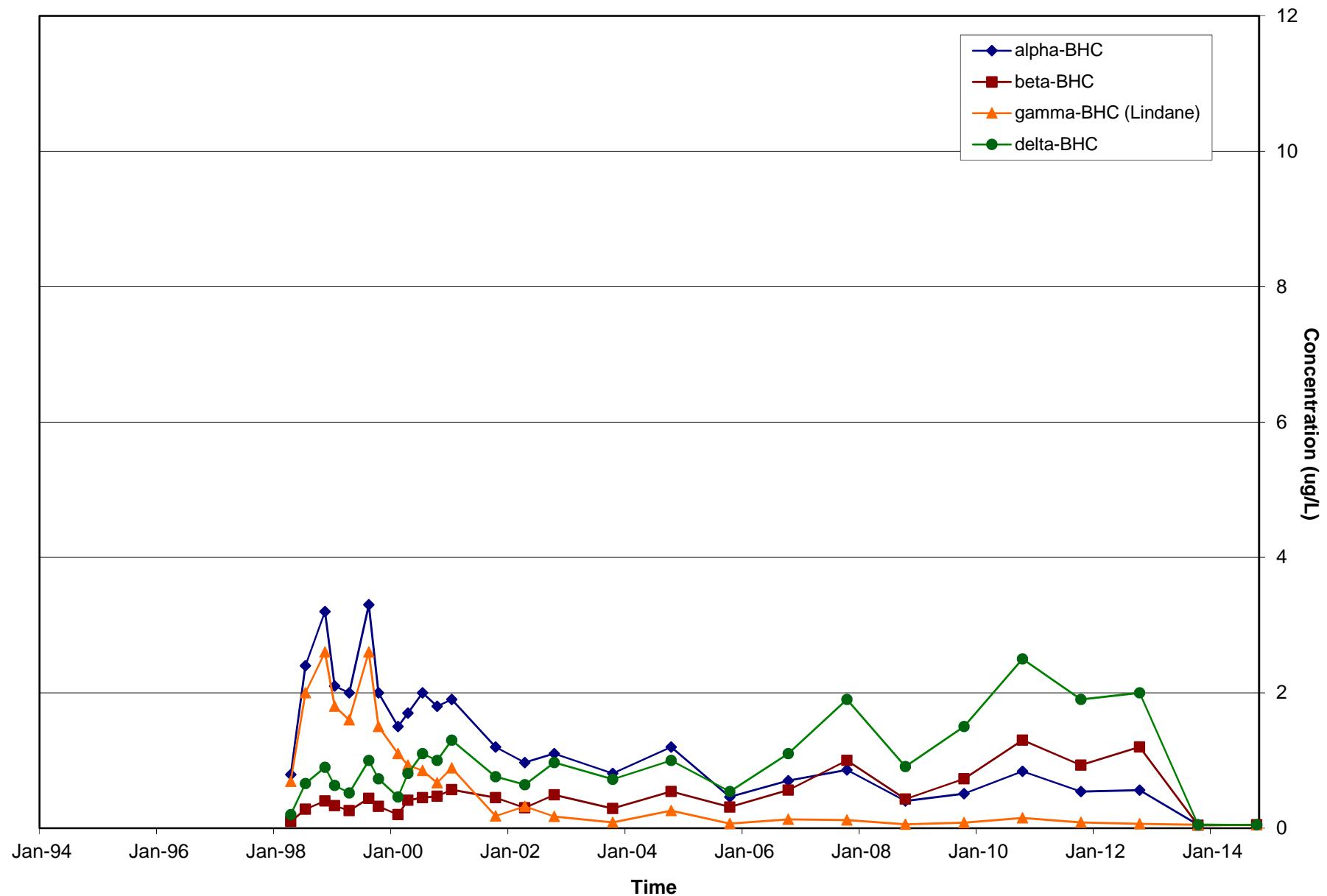
MW-38L

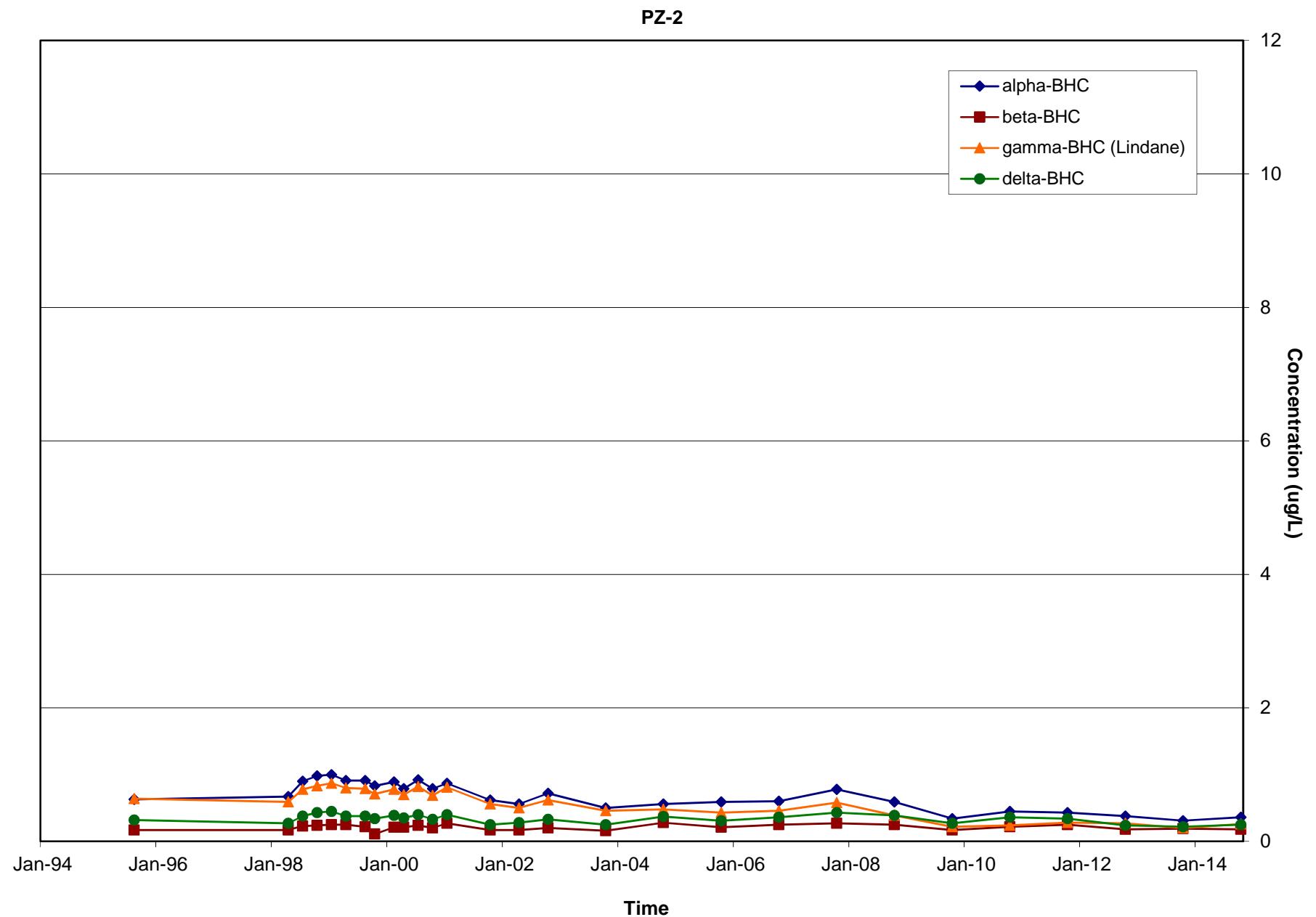


MW-39L

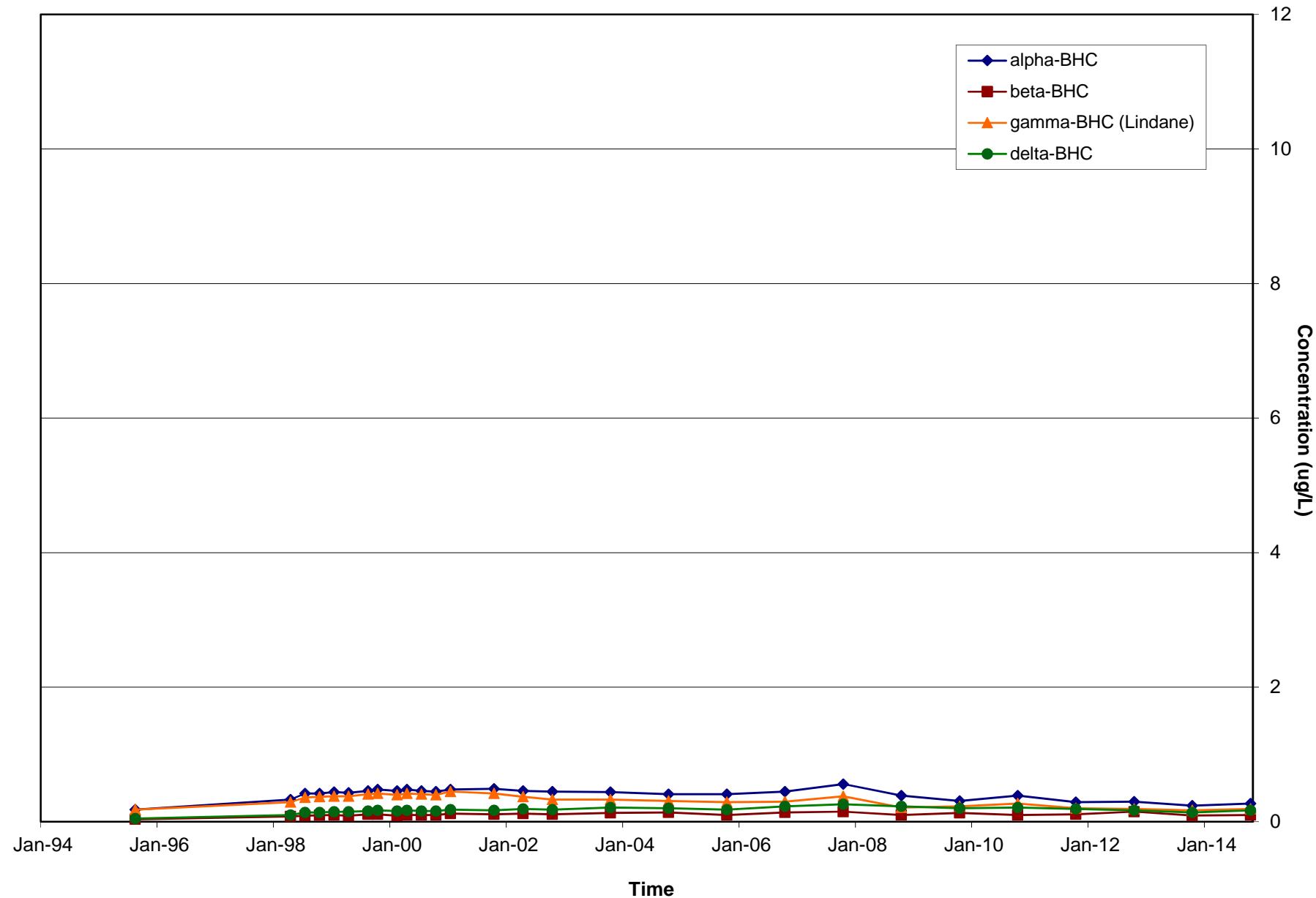


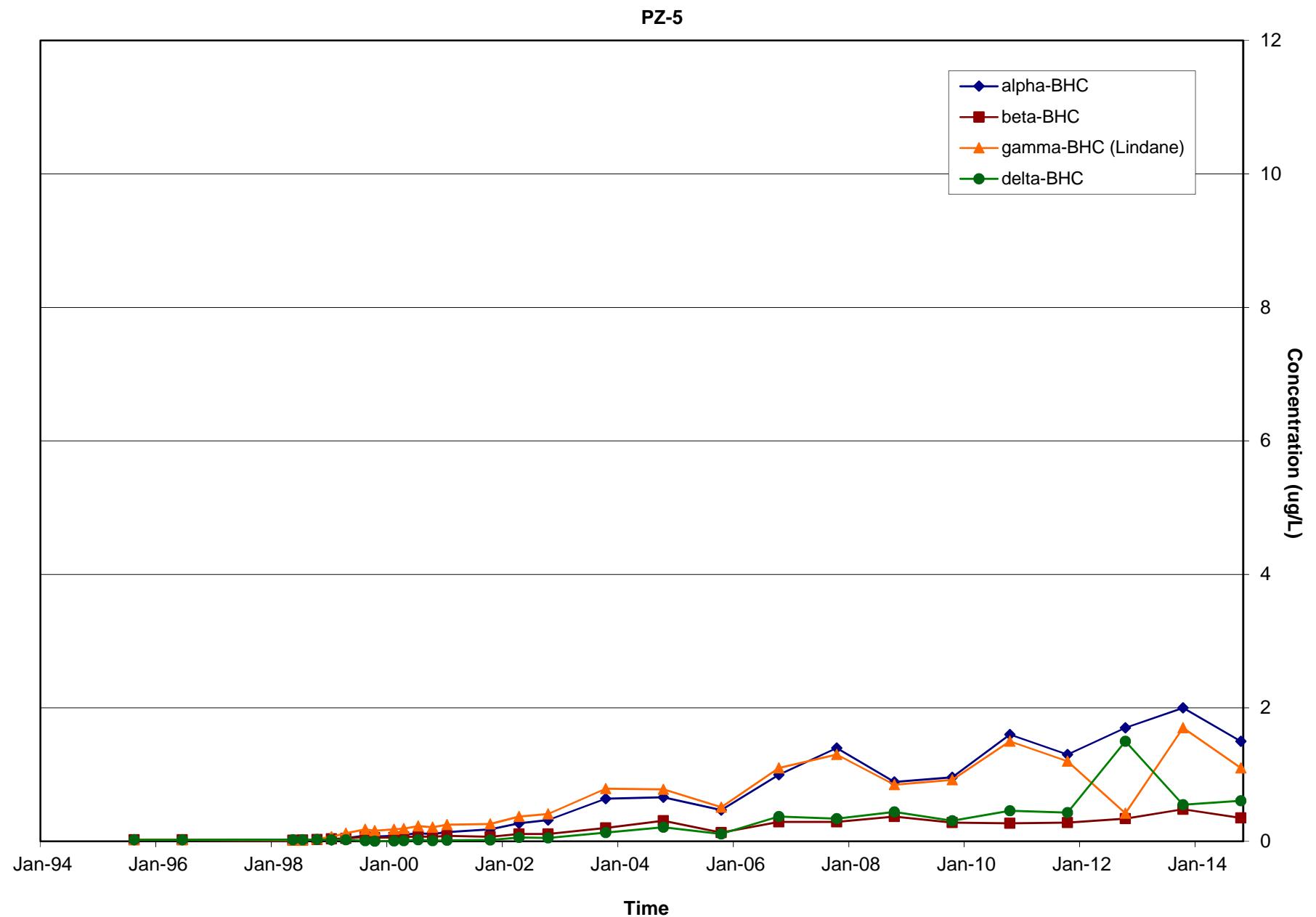
MW-40L

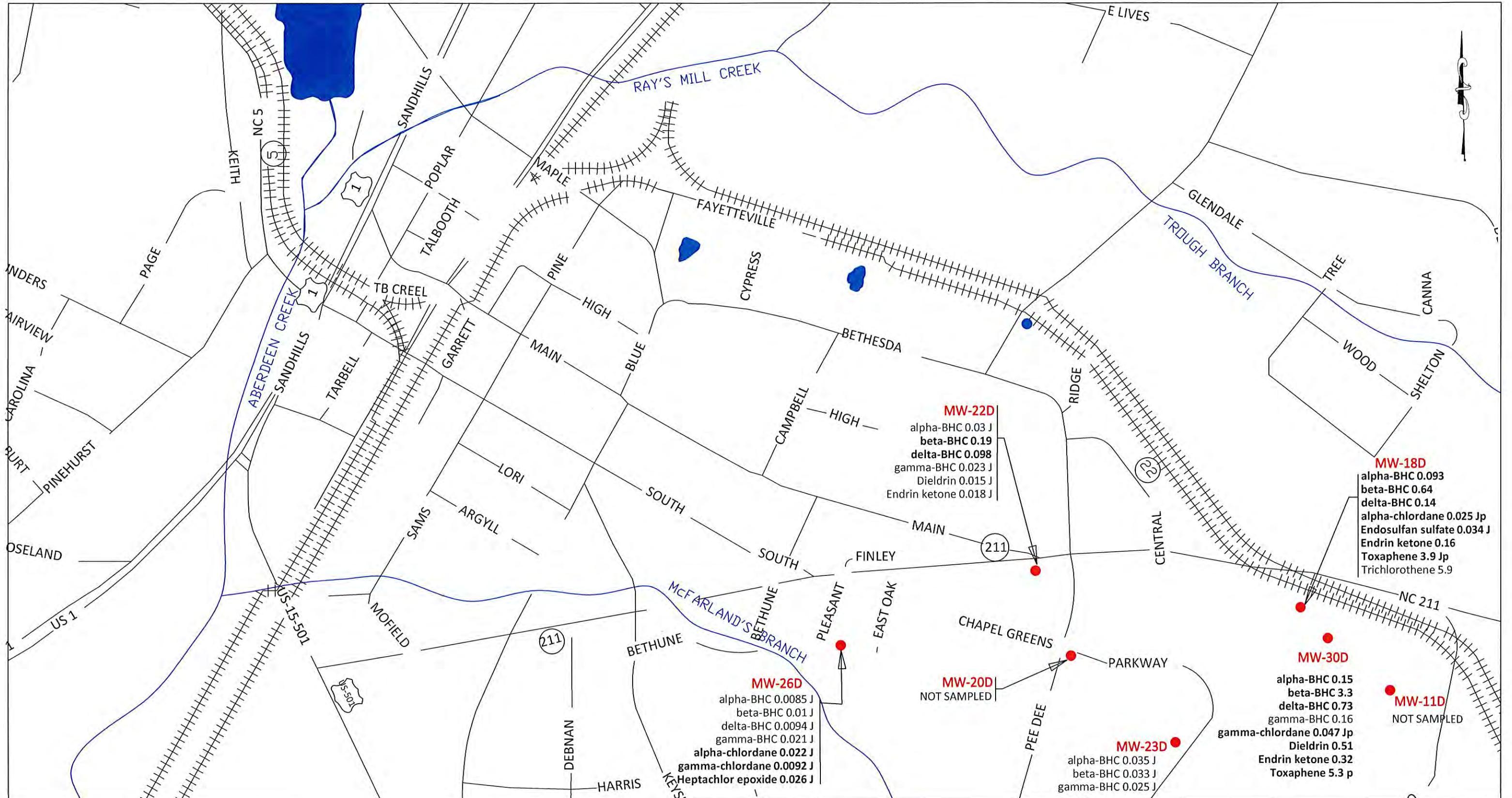




PZ-3







LEGEND

MW-23D ●
alpha-BHC 0.035 J
beta-BHC 0.033 J
gamma-BHC 0.025 J

MONITORING WELL LOCATION
LABORATORY RESULTS (ug/L)
[BOLD EXCEEDS PERFORMANCE STANDARD]

J ESTIMATED CONCENTRATION

p THE %RPD BETWEEN THE PRIMARY AND CONFIRMATION
COLUMN/DETECTOR IS >40%. THE LOWER VALUE HAS
BEEN REPORTED.

STREAM

0 150 300 450 600
SCALE IN FEET

EnviroTrac
Environmental Services

7343 W. FRIENDLY AVENUE, SUITE J
GREENSBORO, NORTH CAROLINA
PHONE: 336-763-6025

FIGURE 3
UPPER BLACK CREEK AQUIFER MONITORING RESULTS

Geigy Chemical Corporation
Aberdeen, North Carolina

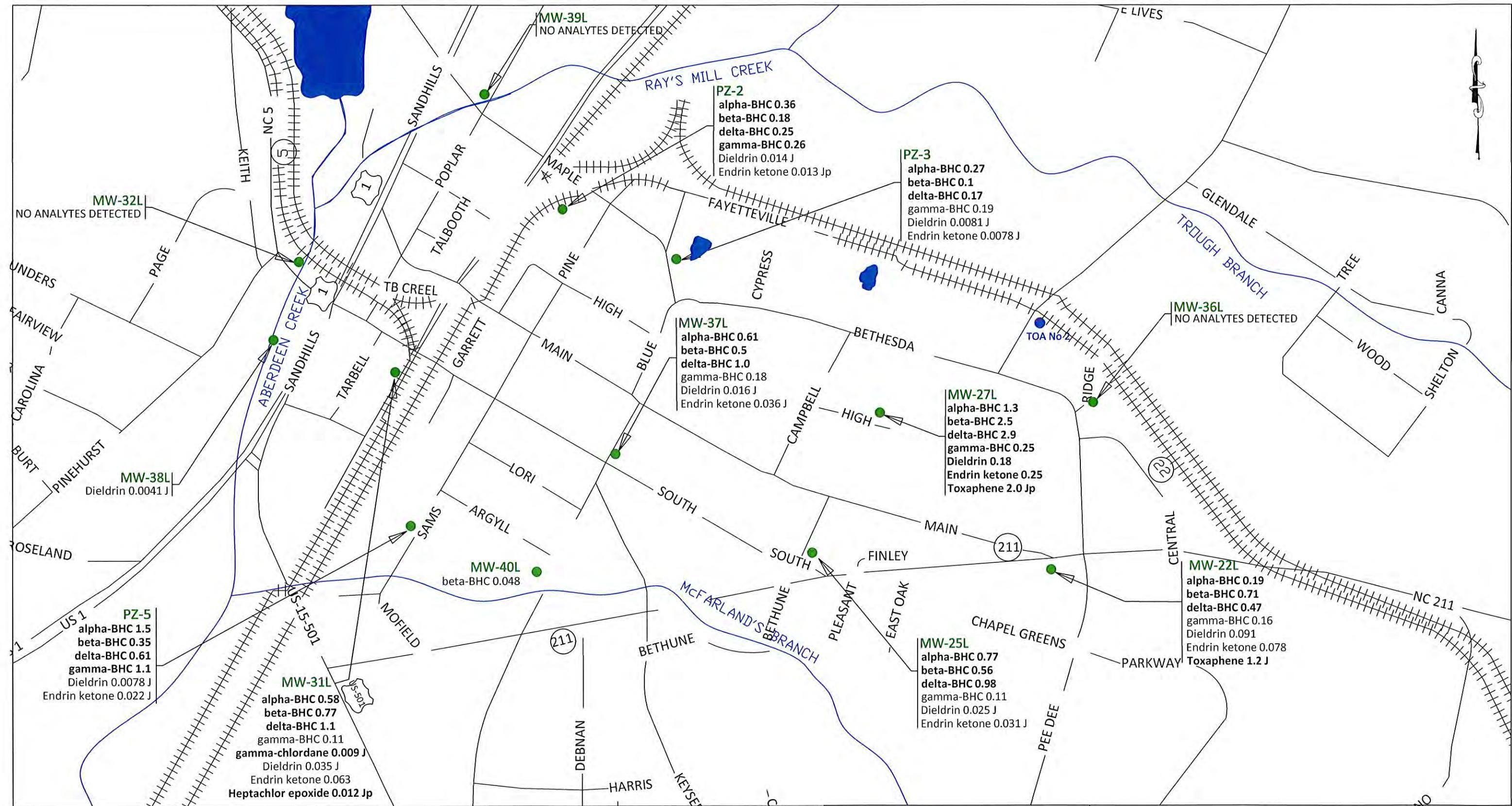
DATE: 01/08/2015

APPROVED BY:
CWH

SCALE: 1" = 600'

DRAWN BY: AB

PROJECT NO: 11.990010.00



LEGEND

alpha-BHC 0.77
beta-BHC 0.56
delta-BHC 0.98
gamma-BHC 0.11
Dieldrin 0.025 J
Endrin ketone 0.031 J

MONITORING WELL LOCATION
LABORATORY RESULTS (ug/L)
[BOLD EXCEEDS PERFORMANCE STANDARD]

STREAM

J ESTIMATED CONCENTRATION

p THE %RPD BETWEEN THE PRIMARY AND CONFIRMATION COLUMN/DETECTOR IS >40%. THE LOWER VALUE HAS BEEN REPORTED.

TOWN OF ABERDEEN SUPPLY WATER WELL

NOTES:

MONITORING WELLS SAMPLED IN OCTOBER 2014

LABORATORY RESULTS INCLUDE ONLY
CONTAMINANTS REPORTED
ABOVE THE METHOD DETECTION LIMITS.

BACKGROUND MAP FROM MOORE COUNTY GIS.

0 150 300 450 600
SCALE IN FEET

EnviroTrac
Environmental Services

7343 W. FRIENDLY AVENUE, SUITE J
GREENSBORO, NORTH CAROLINA
PHONE: 336-763-6025

FIGURE 4
LOWER BLACK CREEK AQUIFER MONITORING RESULTS

Geigy Chemical Corporation
Aberdeen, North Carolina

DATE: 01/08/2015

APPROVED BY:

CWH

SCALE: 1' = 600'

DRAWN BY: AB

PROJECT NO: 11.990010.00

ATTACHMENT 5

GW-59 FORMS
AND
LABORATORY REPORTS AND CHAIN-OF-CUSTODY

SUBMIT FORM ON YELLOW PAPER ONLY

GROUNDWATER QUALITY MONITORING:		DEPARTMENT OF ENVIRONMENT & NATURAL RESOURCES	
FACILITY INFORMATION		DIVISION OF WATER QUALITY INFORMATION PROCESSING UNIT	
Facility Name:	Geigy Chemical Corporation Site	Permit Number:	Expiration Date: 05/31/18
Permit Name (if different):		Non-Discharge WQ00009949	UIC _____
Facility Address: Aberdeen	Domino Drive (City) _____ (State) NC (Zip) _____	NPDES	Other _____
County Moore		TYPE OF PERMITTED OPERATION BEING MONITORED	
Contact Person: James Cashwell	Telephone#: 423.336.4012	<input type="checkbox"/> Lagoon	<input type="checkbox"/> Remediation: Infiltration Gallery
Well Location/Site Name: _____	No. of wells to be sampled: _____ (from Permit)	<input type="checkbox"/> Spray Field	<input checked="" type="checkbox"/> Remediation: Groundwater
		<input type="checkbox"/> Rotary Distributor	<input type="checkbox"/> Land Application of Sludge
		<input type="checkbox"/> Water Source Heat Pump	<input type="checkbox"/> Other: _____
		IF WELL WAS DRY AT TIME OF SAMPLING, CHECK HERE: <input type="checkbox"/>	
SAMPLING INFORMATION		FIELD ANALYSES:	
WELL ID NUMBER (from Permit):	Influent	Date sample collected:	1/15/14
Well Depth:	ft.	Well Diameter:	in.
Depth to Water Level:	ft. below measuring point	Screened interval:	ft. to ft.
Measuring Point is	ft. above land surface	Relative M.P. Elevation:	ft.
Volume of water pumped/bailed before sampling:	gallons		
Samples for metals were collected unfiltered:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	and field acidified: <input type="checkbox"/> YES <input type="checkbox"/> NO
LABORATORY INFORMATION		Laboratory Name:	Test America
Date sample analyzed: 1/17/14-TCE 1/22/14-PEST		Certification No. _____	
PARAMETERS NOTE: Values should reflect dissolved and colloidal concentrations.			
COD	mg/l	Nitrite (NO ₂) as N	mg/l
Coliform: MF Fecal	/100ml	Nitrate (NO ₃) as N	mg/l
Coliform: MF Total	/100ml	Phosphorus: Total as P	mg/l
(Note: Use MPN method for highly turbid samples)			
Dissolved Solids: Total	mg/l	Orthophosphate	mg/l
pH (when analyzed)	units	Al - Aluminum	mg/l
TOC	mg/l	Ba - Barium	mg/l
Chloride	mg/l	Ca - Calcium	mg/l
Arsenic	mg/l	Cd - Cadmium	mg/l
Chromium: Total			
Grease and Oils	mg/l	Chromium: Total	mg/l
Phenol	mg/l	Cu - Copper	mg/l
Sulfate	mg/l	Fe - Iron	mg/l
Specific Conductance	µMhos	Hg - Mercury	mg/l
Total Ammonia (Ammonia Nitrogen, NH ₃ as N, Ammonia Nitrogen, Total)	mg/l	K - Potassium	mg/l
TKN as N	mg/l	Mg - Magnesium	mg/l
		Mn - Manganese	mg/l
		Ni - Nickel	mg/l
For Remediation Systems Only (Attach Lab Reports):		Effluent Total VOCs: 0.0087 mg/L	VOC Removal% 100

I certify that, to the best of my knowledge and belief, the information submitted in this report is true, accurate, and complete, and that the laboratory analytical data was produced using approved methods of analysis by a DNR certified laboratory. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

James Cashwell, P.E., Sr. Associate - Environmental Remediation

Signature of Permittee (or Authorized Agent)
(Date)

2/10/2015

SUBMIT FORM ON YELLOW PAPER ONLY

GROUNDWATER QUALITY MONITORING: COMPLIANCE REPORT FORM		Mail original and 1 copy to:	DEPARTMENT OF ENVIRONMENT & NATURAL RESOURCES DIVISION OF WATER QUALITY-INFORMATION PROCESSING UNIT 1817 MAIL SERVICE CENTER, RALEIGH, NC 27699-1617 Phone: (919) 733-3221	
FACILITY INFORMATION		Please Print Clearly or Type		
Facility Name:	Geigy Chemical Corporation Site			
Permit Name (if different):				
Facility Address:	Domino Drive Aberdeen (City) _____ (State) NC (Zip) _____			
Contact Person:	James Cashwell Telephone#: 423.336.4012			
Well Location/Site Name:	County Moore No. of wells to be sampled: _____ (from Permit)			
SAMPLING INFORMATION		Date sample collected: <u>4/2/11/14</u>	FIELD ANALYSES:	
WELL ID NUMBER (from Permit):	Influent	Well Diameter: _____ in.	pH	units
Well Depth:	ft.	Screened Interval: _____ ft. to _____ ft.	Temp.	°C
Depth to Water Level:	ft.	Relative M.P. Elevation: _____ ft.	Spec. Cond.	µMhos
Measuring Point is	ft. above land surface	gallons	Odor	
Volume of water pumped/bailed before sampling:			Appearance	
Samples for metals were collected unfiltered: <input type="checkbox"/> YES	<input type="checkbox"/> NO	and field acidified: <input type="checkbox"/> YES	<input type="checkbox"/> NO	
LABORATORY INFORMATION		Laboratory Name: <u>Test America</u>	Certification No. _____	
Date sample analyzed: <u>5/01/14-TCE 4/26/14-PEST</u>		NOTE: Values should reflect dissolved and colloidal concentrations.		
PARAMETERS				
Dissolved Solids: Total	mg/l	Nitrite (NO ₂) as N	mg/l	Pb - Lead
	/100ml	Nitrate (NO ₃) as N	mg/l	Zn - Zinc
Coliform: MF Fecal	_____	Phosphorus: Total as P	mg/l	
Coliform: MF Total	_____	Orthophosphate	mg/l	Other (Specify Compounds and Concentration Units):
(Note: Use MPN method for highly turbid samples)		Al - Aluminum	mg/l	TCE-1.8, alpha-BHC-0.087, beta-BHC-3.8E
pH (when analyzed)	units	Ba - Barium	mg/l	delta-BHC-0.70, gamma-BHC-0.074p, alpha-
TOC	mg/l	Ca - Calcium	mg/l	Chlordane-0.15, gamma-Chlordane-0.053p
Chloride	mg/l	Cd - Cadmium	mg/l	Dieldrin-0.53, 4,4'-DDE-0.098, Endrin ketone-
Arsenic	mg/l	Chromium: Total	mg/l	0.38, Heptachlor epoxide-0.083, Toxaphene-1.3
Grease and Oils	mg/l	Cu - Copper	mg/l	ORGANICS: (by GC, GC/MS, HPLC)
Phenol	mg/l	Fe - Iron	mg/l	(Specify test and method #. ATTACH LAB REPORT.)
Sulfate	mg/l	Hg - Mercury	mg/l	Report Attached? <input checked="" type="checkbox"/> Yes (1) <input type="checkbox"/> No (0)
Specific Conductance	µMhos	K - Potassium	mg/l	VOC method # <u>8260</u>
Total Ammonia (Ammonia Nitrogen, NH ₃ N, Ammonia Nitrogen, Total)	mg/l	Mg - Magnesium	mg/l	Pest & Biphenyl's method # <u>8081B/8082A</u>
TKN as N	mg/l	Mn - Manganese	mg/l	
		Ni - Nickel	mg/l	

For Remediation Systems Only (Attach Lab Reports): Influent Total VOCs: 0.0189 mg/L Effluent Total VOCs: <0.0189 mg/L VOC Removal% 100

I certify that, to the best of my knowledge and belief, the information submitted in this report is true, accurate, and complete, and that the laboratory analytical data was produced using approved methods of analysis by a DWQ-certified laboratory. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

James Cashwell, P.E., Sr. Associate - Environmental Remediation

Permittee (or Authorized Agent) Name and Title - Please print or type
GW-59 Rev. 1/2007

2/10/2015

(Date)

Signature of Permittee (or Authorized Agent)

SUBMIT FORM ON YELLOW PAPER ONLY

**GROUNDWATER QUALITY MONITORING:
COMPLIANCE REPORT FORM**

Please Print Clearly or Type

FACILITY INFORMATION
 Facility Name: Geigy Chemical Corporation Site
 Permit Name (if different): _____
 Facility Address: Domino Drive
 Aberdeen (City) NC (State) NC
 Contact Person: James Cashwell Telephone#: 423.336.4012
 Well Location/Site Name: _____

County Moore
 No. of wells to be sampled: _____
 (from Permit)

SAMPLING INFORMATION
 WELL ID NUMBER (from Permit): Influent Date sample collected: 7/10/14

Well Depth: _____ ft. Well Diameter: _____ in.
 Depth to Water Level: _____ ft. below measuring point Screened interval: _____ ft. to _____ ft.
 Measuring Point is _____ ft. above land surface Relative M.P. Elevation: _____ ft.
 Volume of water pumped/bailed before sampling: _____ gallons
 Samples for metals were collected unfiltered: YES NO and field acidified: YES NO

LABORATORY INFORMATION
 Date sample analyzed: 7/15/14-TCE 7/15/14-PEST

PARAMETERS NOTE: Values should reflect dissolved and colloidal concentrations.

COD	mg/l	Nitrite (NO ₂) as N	mg/l	Pb - Lead	mg/l
Coliform: MF Fecal	/100ml	Nitrate (NO ₃) as N	mg/l	Zn - Zinc	mg/l
Coliform: MF Total	/100ml	Phosphorus: Total as P	mg/l	Other (Specify Compounds and Concentration Units):	
(Note: Use MPN method for highly turbid samples)		Orthophosphate	mg/l	TCE - 2.7, alpha-BHC - 0.083,	
Dissolved Solids: Total	mg/l	Al - Aluminum	mg/l	beta-BHC - 3.7 E, delta-BHC - 0.80E,	
pH (when analyzed)	units	Ba - Barium	mg/l	gamma-BHC - 0.074p, Dieldrin - 0.60, Endrin	
TOC	mg/l	Ca - Calcium	mg/l	Ketone - 0.40, Toxaphene - 15	
Chloride	mg/l	Cd - Cadmium	mg/l		
Arsenic	mg/l	Chromium: Total	mg/l	ORGANICS: (by GC, GC/MS, HPLC)	
Grease and Oils	mg/l	Cu - Copper	mg/l	(Specify test and method #. ATTACH LAB REPORT.)	
Phenol	mg/l	Fe - Iron	mg/l	Report Attached? <input checked="" type="checkbox"/> Yes (1) <input type="checkbox"/> No (0)	
Sulfate	mg/l	Hg - Mercury	mg/l	VOC	method # 8260
Specific Conductance	µMhos	K - Potassium	mg/l	Pest & Biphenyls	method # 8081B/8082A
Total Ammonia (Ammonia Nitrogen: NH ₃ -as N, Ammonia Nitrogen, Total)	mg/l	Mg - Magnesium	mg/l		
Mn - Manganese	mg/l	Mn	mg/l		
TKN as N	mg/l	Ni - Nickel	mg/l		

For Remediation Systems Only (Attach Lab Reports): Influent Total VOCs: 0.0206 mg/L Effluent Total VOCs: <0.0206 mg/L

VOC Removal% 100
 I certify that, to the best of my knowledge and belief, the information submitted in this report is true, accurate, and complete; and that the laboratory analytical data was produced using approved methods of analysis by a DWQ-certified laboratory. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

James Cashwell, P.E., Sr. Associate - Environmental Remediation

Permittee (or Authorized Agent) Name and Title - Please print or type
 GW-59 Rev. 1/2007
 Signature of Permittee (or Authorized Agent) *[Signature]* (Date) *2/10/2015*

SUBMIT FORM ON YELLOW PAPER ONLY

GROUNDWATER QUALITY MONITORING: COMPLIANCE REPORT FORM		Mail original and 1 copy to:	DEPARTMENT OF ENVIRONMENT & NATURAL RESOURCES DIVISION OF WATER QUALITY INFORMATION PROCESSING UNIT 1817 MAIL SERVICE CENTER, RALEIGH, NC 27699-1617 Phone: (919) 733-3221
EFFECTIVE INFORMATION		Please Print Clearly or Type	
Facility Name:	Geigy Chemical Corporation Site		
Permit Name (if different):			
Facility Address: Domino Drive Aberdeen	NC (State) (City)	County Moore	
Contact Person: James Cashwell	Telephone#: 423.336.4012		
Well Location/Site Name:	No. of wells to be sampled: _____ (from Permit)		
SAMPLING INFORMATION		Date sample collected: 10/21/14	FIELD ANALYSES:
WELL ID NUMBER (from Permit):	Influent	Well Diameter: _____ in.	pH 4.68 units
Well Depth:	ft.	Screened interval: _____ ft. to _____ ft.	Temp. 15.86 °C
Depth to Water Level:	ft. below measuring point	Relative M.P. Elevation: _____ ft.	Spec. Cond. 123 μMhos
Measuring Point is	ft. above land surface	gallons	Odor None
Volume of water pumped/bailed before sampling:	_____	□ YES □ NO	Appearance Clear
Samples for metals were collected unfiltered: <input type="checkbox"/> YES <input type="checkbox"/> NO and field acidified: <input type="checkbox"/> YES <input type="checkbox"/> NO			
LABORATORY INFORMATION		Laboratory Name: Test America	Certification No. _____
Date sample analyzed: 10/28/14-TCE 10/24/14-PEST			
PARAMETERS NOTE: Values should reflect dissolved and colloidal concentrations.			
Dissolved Solids: Total	mg/l	Nitrite (NO ₂) as N	mg/l
COD	mg/l	Nitrate (NO ₃) as N	mg/l
Coliform: MF Fecal	/100ml	Phosphorus: Total as P	mg/l
Coliform: MF Total	/100ml	Orthophosphate	mg/l
(Note: Use MPN method for highly turbid samples)			
Dissolved Solids: Total	mg/l	Al - Aluminum	mg/l
pH (when analyzed)	units	Ba - Barium	mg/l
TOC	mg/l	Ca - Calcium	mg/l
Chloride	mg/l	Cd - Cadmium	mg/l
Arsenic	mg/l	Chromium: Total	mg/l
Grease and Oils	mg/l	Cu - Copper	mg/l
Phenol	mg/l	Fe - Iron	mg/l
Sulfate	mg/l	Hg - Mercury	mg/l
Specific Conductance	μMhos	K - Potassium	mg/l
Total Ammonia (Ammonia Nitrogen: NH ₃ as N; Ammonia Nitrogen, Total)	mg/l	Mg - Magnesium	mg/l
TKN as N	mg/l	Mn - Manganese	mg/l
		Ni - Nickel	mg/l
For Remediation Systems Only (Attach Lab Reports):		Influent Total VOCs: 0.0015 mg/L	Effluent Total VOCs: <0.00013 mg/L
Identify that, to the best of my knowledge and belief, the information submitted in this report is true, accurate, and complete; and that the laboratory analytical data was produced using approved methods of analysis by a DWQ-certified laboratory. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.			

For Remediation Systems Only (Attach Lab Reports): Influent Total VOCs: 0.0015 mg/L Effluent Total VOCs: <0.00013 mg/L VOC Removal% 100

I certify that, to the best of my knowledge and belief, the information submitted in this report is true, accurate, and complete; and that the laboratory analytical data was produced using approved methods of analysis by a DWQ-certified laboratory. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

James Cashwell, P.E., Sr. Associate - Environmental Remediation

Permittee (or Authorized Agent) Name and Title - Please print or type
GW-59 Rev. 1/2007

(Date)

Signature of Permittee (or Authorized Agent)

2/10/2015

SUBMIT FORM ON YELLOW PAPER ONLY

GROUNDWATER QUALITY MONITORING: COMPLIANCE REPORT FORM		DEPARTMENT OF ENVIRONMENT & NATURAL RESOURCES DIVISION OF WATER QUALITY-INFORMATION PROCESSING UNIT 1617 MAIL SERVICE CENTER, RALEIGH, NC 27699-1617 Phone: (919) 733-3221	
EACH INFORMATION		Please Print Clearly or Type	
Facility Name:	Geigy Chemical Corporation Site	Facility Name (if different):	
Facility Address:	<u>Domino Drive</u>	Facility Address:	<u>Aberdeen</u>
(City)	NC	(City)	NC
Contact Person:	James Cashwell	Telephone#:	423.336.4012
Well Location/Site Name:		No. of wells to be sampled:	(from Permit)
SAMPLING INFORMATION			
WELL ID NUMBER (from Permit):	Effluent	Date sample collected:	1/15/14
Well Depth:	ft.	Well Diameter:	in.
Depth to Water Level:	ft. below measuring point	Screened Interval:	ft. to ft.
Measuring Point is	ft. above land surface	Relative M.P. Elevation:	ft.
Volume of water pumped/bailed before sampling:	gallons		
Samples for metals were collected unfiltered: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO and field acidified:		<input type="checkbox"/> YES	<input type="checkbox"/> NO
LABORATORY INFORMATION		Laboratory Name: Test America	
Date sample analyzed: 1/17/14-TCE 1/22/14-PEST		Certification No. _____	
PARAMETERS NOTE: Values should reflect dissolved and colloidal concentrations.			
COD	mg/l	Nitrite (NO_2) as N	mg/l
Coliform: MF Fecal	/100ml	Nitrate (NO_3) as N	mg/l
Coliform: MF Total	/100ml	Phosphorus: Total as P	mg/l
(Note: Use MPN method for highly turbid samples)			
Dissolved Solids: Total	mg/l	Orthophosphate	mg/l
pH (when analyzed)	units	Al - Aluminum	mg/l
TOC	mg/l	Ba - Barium	mg/l
Chloride	mg/l	Ca - Calcium	mg/l
Arsenic	mg/l	Cd - Cadmium	mg/l
Grease and Oils		Chromium: Total	mg/l
Phenol	mg/l	Cu - Copper	mg/l
Sulfate	mg/l	Fe - Iron	mg/l
Specific Conductance	μMhos	Hg - Mercury	mg/l
Total Ammonia (Ammonia Nitrogen: $\text{NH}_3\text{as N}$; Ammonia Nitrogen, Total)	mg/l	K - Potassium	mg/l
TKN as N	mg/l	ORGANICS: (by GC, GC/MS, HPLC) (Specify test and method #. ATTACH LAB REPORT.)	
		Report Attached?	<input checked="" type="checkbox"/> Yes (1) <input type="checkbox"/> No (0)
		VOC	method # 8260
		Pest & Biphenyls	method # 8081B 8082A
			, method # _____
			, method # _____
			, method # _____
For Remediation Systems Only (Attach Lab Reports):		Influent Total VOCs:	0.0087 mg/L
		Effluent Total VOCs:	<0.00087 mg/L
		VOC Removal %	100

James Cashwell, P.E., Sr. Associate - Environmental Remediation
Permittee (or Authorized Agent) Name and Title - Please print or type

Signature of Permittee (or Authorized Agent)

2/10/2015
(Date)

SUBMIT FORM ON YELLOW PAPER ONLY

GROUNDWATER QUALITY MONITORING: COMPLIANCE REPORT FORM		Mail original and 1 copy to:																																																																																																	
<p>Please Print Clearly or Type</p> <p>FACILITY INFORMATION</p> <p>Facility Name: <u>Geigy Chemical Corporation Site</u></p> <p>Permit Name (if different): _____</p> <p>Facility Address: <u>Domino Drive</u> <u>Aberdeen</u> <small>(City)</small> <u>NC</u> <small>(State)</small> <u>(Zip)</u> County <u>Moore</u></p> <p>Contact Person: <u>James Cashwell</u> Telephone#: <u>423.336.4012</u></p> <p>Well Location/Site Name: _____</p> <p>No. of wells to be sampled: _____ <small>(from Permit)</small></p>																																																																																																			
<p>DEPARTMENT OF ENVIRONMENT & NATURAL RESOURCES DIVISION OF WATER QUALITY-INFORMATION PROCESSING UNIT 1617 MAIL SERVICE CENTER, RALEIGH, NC 27699-1617 Phone: (919) 733-3221</p> <p>PERMIT Number: _____ Expiration Date: <u>05/31/18</u></p> <p>Non-Discharge <input type="checkbox"/> WQ0009949 <input checked="" type="checkbox"/> UIC _____ <input type="checkbox"/> NPDES <input type="checkbox"/> Other</p> <p>TYPE OF PERMITTED OPERATION BEING MONITORED</p> <p><input type="checkbox"/> Lagoon <input type="checkbox"/> Remediation: Infiltration Gallery <input type="checkbox"/> Spray Field <input checked="" type="checkbox"/> Remediation: Groundwater <input type="checkbox"/> Rotary Distributor <input type="checkbox"/> Land Application of Sludge <input type="checkbox"/> Water Source Heat Pump <input type="checkbox"/> Other: _____</p>																																																																																																			
<p>SAMPLING INFORMATION</p> <p>WELL ID NUMBER (from Permit): <u>Effluent</u> Date sample collected: <u>4/21/14</u></p> <p>Well Depth: _____ ft. Well Diameter: _____ in.</p> <p>Depth to Water Level: _____ ft. below measuring point Screened Interval: _____ ft. to _____ ft.</p> <p>Measuring Point is _____ ft. above land surface Relative M.P. Elevation: _____ ft.</p> <p>Volume of water pumped/bailed before sampling: _____ gallons</p> <p>Samples for metals were collected unfiltered: <input type="checkbox"/> YES <input type="checkbox"/> NO and field acidified: <input type="checkbox"/> YES <input type="checkbox"/> NO</p>																																																																																																			
<p>LABORATORY INFORMATION</p> <p>Date sample analyzed: <u>5/01/14-TCE 4/26/14-PEST</u> Laboratory Name: <u>Test America</u> Certification No. _____</p> <p>PARAMETERS NOTE: Values should reflect dissolved and colloidal concentrations.</p> <table> <tr> <td>COD</td> <td>mg/l</td> <td>Nitrite (NO₂) as N</td> <td>mg/l</td> <td>Pb - Lead</td> <td>mg/l</td> </tr> <tr> <td>Coliform: MF Fecal</td> <td>/100ml</td> <td>Nitrate (NO₃) as N</td> <td>mg/l</td> <td>Zn - Zinc</td> <td>mg/l</td> </tr> <tr> <td>Coliform: MF Total</td> <td>/100ml</td> <td>Phosphorus: Total as P</td> <td>mg/l</td> <td colspan="2">Other (Specify Compounds and Concentration Units):</td> </tr> <tr> <td>(Note: Use MPN method for highly turbid samples)</td> <td></td> <td>Orthophosphate</td> <td>mg/l</td> <td>TCE- BQL</td> <td></td> </tr> <tr> <td>Dissolved Solids: Total</td> <td>mg/l</td> <td>Al - Aluminum</td> <td>mg/l</td> <td>PEST - BQL</td> <td></td> </tr> <tr> <td>pH (when analyzed)</td> <td>units</td> <td>Ba - Barium</td> <td>mg/l</td> <td></td> <td></td> </tr> <tr> <td>TOC</td> <td>mg/l</td> <td>Ca - Calcium</td> <td>mg/l</td> <td></td> <td></td> </tr> <tr> <td>Chloride</td> <td>mg/l</td> <td>Cd - Cadmium</td> <td>mg/l</td> <td></td> <td></td> </tr> <tr> <td>Arsenic</td> <td>mg/l</td> <td>Chromium: Total</td> <td>mg/l</td> <td></td> <td></td> </tr> <tr> <td>Grease and Oils</td> <td>mg/l</td> <td>Cu - Copper</td> <td>mg/l</td> <td>ORGANICS: (by GC, GC/MS, HPLC)</td> <td></td> </tr> <tr> <td>Phenol</td> <td>mg/l</td> <td>Fe - Iron</td> <td>mg/l</td> <td>(Specify test and method #. ATTACH LAB REPORT.)</td> <td></td> </tr> <tr> <td>Sulfate</td> <td>mg/l</td> <td>Hg - Mercury</td> <td>mg/l</td> <td>Report Attached? <input checked="" type="checkbox"/> Yes (1) <input type="checkbox"/> No (0)</td> <td></td> </tr> <tr> <td>Specific Conductance</td> <td>µMhos</td> <td>K - Potassium</td> <td>mg/l</td> <td>VOC <input type="checkbox"/> method # <u>8260</u></td> <td></td> </tr> <tr> <td>Total Ammonia</td> <td>mg/l</td> <td>Mg - Magnesium</td> <td>mg/l</td> <td>Pest & Biphenyl's <input type="checkbox"/> method # <u>8081B 8082A</u></td> <td></td> </tr> <tr> <td>(Ammonia Nitrogen; NH₃-as N; Ammonia Nitrogen, Total)</td> <td></td> <td>Mn - Manganese</td> <td>mg/l</td> <td></td> <td></td> </tr> <tr> <td>TKN as N</td> <td>mg/l</td> <td>Ni - Nickel</td> <td>mg/l</td> <td></td> <td></td> </tr> </table>				COD	mg/l	Nitrite (NO ₂) as N	mg/l	Pb - Lead	mg/l	Coliform: MF Fecal	/100ml	Nitrate (NO ₃) as N	mg/l	Zn - Zinc	mg/l	Coliform: MF Total	/100ml	Phosphorus: Total as P	mg/l	Other (Specify Compounds and Concentration Units):		(Note: Use MPN method for highly turbid samples)		Orthophosphate	mg/l	TCE- BQL		Dissolved Solids: Total	mg/l	Al - Aluminum	mg/l	PEST - BQL		pH (when analyzed)	units	Ba - Barium	mg/l			TOC	mg/l	Ca - Calcium	mg/l			Chloride	mg/l	Cd - Cadmium	mg/l			Arsenic	mg/l	Chromium: Total	mg/l			Grease and Oils	mg/l	Cu - Copper	mg/l	ORGANICS: (by GC, GC/MS, HPLC)		Phenol	mg/l	Fe - Iron	mg/l	(Specify test and method #. ATTACH LAB REPORT.)		Sulfate	mg/l	Hg - Mercury	mg/l	Report Attached? <input checked="" type="checkbox"/> Yes (1) <input type="checkbox"/> No (0)		Specific Conductance	µMhos	K - Potassium	mg/l	VOC <input type="checkbox"/> method # <u>8260</u>		Total Ammonia	mg/l	Mg - Magnesium	mg/l	Pest & Biphenyl's <input type="checkbox"/> method # <u>8081B 8082A</u>		(Ammonia Nitrogen; NH ₃ -as N; Ammonia Nitrogen, Total)		Mn - Manganese	mg/l			TKN as N	mg/l	Ni - Nickel	mg/l		
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TKN as N	mg/l	Ni - Nickel	mg/l																																																																																																
<p>For Remediation Systems Only (Attach Lab Reports):</p> <p>Influent Total VOCs: <u>0.0189 mg/L</u> Effluent Total VOCs: <u><0.0189 mg/L</u> VOC Removal% <u>100</u></p> <p>I certify that, to the best of my knowledge and belief, the information submitted in this report is true, accurate, and complete, and that the laboratory analytical data was produced using approved methods of analysis by a DWQ-certified laboratory. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.</p>																																																																																																			

James Cashwell, P.E., Sr. Associate - Environmental Remediation
Permittee (or Authorized Agent) Name and Title - Please print or type
Rev. 1/2007

Signature of Permittee (or Authorized Agent)
J.Cashwell

(Date)
2/2/2015

SUBMIT FORM ON YELLOW PAPER ONLY

GROUNDWATER QUALITY MONITORING: COMPLIANCE REPORT FORM		Mail original and 1 copy to:	DEPARTMENT OF ENVIRONMENT & NATURAL RESOURCES DIVISION OF WATER QUALITY-INFORMATION PROCESSING UNIT 1817 MAIL SERVICE CENTER, RALEIGH, NC 27699-1617 Phone: (919) 733-3221	
EARTILITY INFORMATION Facility Name: <u>Geigy Chemical Corporation Site</u> Permit Name (if different): _____ Facility Address: <u>Domino Drive</u> <u>Aberdeen</u> <small>(City)</small> <u>NC</u> <small>(State)</small> <u>{Zip}</u> Contact Person: <u>James Cashwell</u> Well Location/Site Name: _____		Facility Name: _____ Address: _____ City: _____ <small>(City)</small> <u>Moore</u> <small>(State)</small> <u>{Zip}</u> Telephone#: <u>423.336.4012</u> No. of wells to be sampled: _____ <small>(from Permit)</small>	PERMIT Number: <u>WQ00009949</u> <input type="checkbox"/> UIC _____ <input type="checkbox"/> NPDES <input type="checkbox"/> Other _____ TYPE OF PERMITTED OPERATION BEING MONITORED <input type="checkbox"/> Lagoon <input type="checkbox"/> Remediation: Infiltration Gallery <input type="checkbox"/> Spray Field <input type="checkbox"/> Remediation: Groundwater <input type="checkbox"/> Rotary Distributor <input type="checkbox"/> Land Application of Sludge <input type="checkbox"/> Water Source Heat Pump <input type="checkbox"/> Other: _____	If WELL WAS DRY at time of sampling, check here: <input type="checkbox"/>
SAMPLING INFORMATION WELL ID NUMBER (from Permit): <u>Effluent</u> Well Depth: _____ ft. Depth to Water Level: _____ ft. below measuring point Measuring Point is _____ ft. above land surface Volume of water pumped/drawn before sampling: _____ gallons Samples for metals were collected unfiltered: <input type="checkbox"/> YES <input type="checkbox"/> NO and field acidified: <input type="checkbox"/> YES <input type="checkbox"/> NO		Date sample collected: <u>7/10/14</u> Well Diameter: _____ in. to _____ ft. Screened interval: _____ ft. to _____ ft. Relative M.P. Elevation: _____ ft.	FIELD ANALYSES: pH _____ units Temp. _____ °C Zn - Zinc _____ µMhos mg/l Spec. Cond. _____ Odor _____ Appearance _____	
LABORATORY INFORMATION Date sample analyzed: <u>7/15/14-TCE 7/15/14-PEST</u> PARAMETERS <small>NOTE: Values should reflect dissolved and colloidal concentrations.</small> COD mg/l Coliform: MF Fecal _____ /100ml Coliform: MF Total _____ /100ml <small>(Note: Use MPN method for highly turbid samples)</small>		Laboratory Name: <u>Test America</u> Certification No. _____		
Dissolved Solids: Total _____ mg/l pH (when analyzed) _____ units TOC _____ mg/l Chloride _____ mg/l Arsenic _____ mg/l Grease and Oils _____ mg/l Phenol _____ mg/l Sulfate _____ mg/l Specific Conductance _____ µMhos Total Ammonia _____ mg/l <small>(Ammonia Nitrogen, NH₃ as N; Ammonia Nitrogen, Total)</small> TKN as N _____ mg/l		Nitrite (NO ₂) as N _____ mg/l Nitrate (NO ₃) as N _____ mg/l Phosphorus: Total as P _____ mg/l Orthophosphate _____ mg/l Al - Aluminum _____ mg/l Ba - Barium _____ mg/l Ca - Calcium _____ mg/l Cd - Cadmium _____ mg/l Chromium: Total _____ mg/l Cu - Copper _____ mg/l Fe - Iron _____ mg/l Hg - Mercury _____ mg/l K - Potassium _____ mg/l Mg - Magnesium _____ mg/l Mn - Manganese _____ mg/l Ni - Nickel _____ mg/l	Pb - Lead _____ mg/l Zn - Zinc _____ mg/l Other (Specify Compounds and Concentration Units): TCE- BQL beta-BHC - 0.0098Jp	
		ORGANICS: (by GC, GC/MS, HPLC) <small>(Specify test and method #. ATTACH LAB REPORT.)</small> Report Attached? <input checked="" type="checkbox"/> Yes (1) <input type="checkbox"/> No (0) VOC _____, method # <u>8260</u> Pest & Biphenyls _____, method # <u>8081B 8082A</u> _____, method # _____ _____, method # _____		
For Remediation Systems Only (Attach Lab Reports): Influent Total VOCs: <u>0.0206</u> mg/L		Effluent Total VOCs: <u><0.0206</u> mg/L	VOC Removal% <u>100</u>	
<small>I certify that to the best of my knowledge and belief, the information submitted in this report is true, accurate, and complete, and that the laboratory analytical data was produced using approved methods of analysis by a DWQ-certified laboratory. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.</small>				
<u>James Cashwell, P.E., Sr. Associate - Environmental Remediation</u> <small>Permittee (or Authorized Agent) Name and Title - Please print or type</small>		<u>Signature of Permittee (or Authorized Agent)</u> <u>2/16/2015</u> <small>(Date)</small>		

SUBMIT FORM ON YELLOW PAPER ONLY

GROUNDWATER QUALITY MONITORING: COMPLIANCE REPORT FORM		Mail original and 1 copy to:	
Facility Name: Geigy Chemical Corporation Site			
Permit Name (if different):			
Facility Address: Domino Drive (City) Aberdeen		County Moore	
(State) NC		(Zip) 27616	
Contact Person: James Cashwell		Telephone#: 423.336.4012	
Well Location/Site Name: _____			
No. of wells to be sampled: _____ (from Permit)			
SAMPLING INFORMATION		Date sample collected: 10/21/14	
WELL ID NUMBER (from Permit): Effluent		Well Diameter: _____ in.	
Well Depth: _____ ft.		Screened Interval: _____ ft. to _____ ft.	
Depth to Water Level: _____ ft. below measuring point		Relative M.P. Elevation: _____ ft.	
Measuring Point is _____ ft. above land surface		gallons	
Volume of water pumped/bailed before sampling: _____		Samples for metals were collected unfiltered: <input type="checkbox"/> YES <input type="checkbox"/> NO and field acidified: <input type="checkbox"/> YES <input type="checkbox"/> NO	
LABORATORY INFORMATION			
Date sample analyzed: 10/28/14-TCE 10/24/14-PEST			
PARAMETERS NOTE: Values should reflect dissolved and colloidal concentrations.			
COD	mg/l	Nitrite (NO ₂) as N	mg/l
Coliform: MF Fecal	/100ml	Nitrate (NO ₃) as N	mg/l
Coliform: MF Total	/100ml	Phosphorus: Total as P	mg/l
(Note: Use MPN method for highly turbid samples)			
Dissolved Solids: Total	mg/l	Orthophosphate	mg/l
pH (when analyzed)	units	Al - Aluminum	mg/l
TOC	mg/l	Ba - Barium	mg/l
Chloride	mg/l	Ca - Calcium	mg/l
Arsenic	mg/l	Cd - Cadmium	mg/l
Grease and Oils			
Phenol	mg/l	Chromium: Total	mg/l
Sulfate	mg/l	Cu - Copper	mg/l
Specific Conductance	µMhos	Fe - Iron	mg/l
Total Ammonia (Ammonia Nitrogen; NH ₃ as N; Ammonia Nitrogen, Total)	mg/l	Hg - Mercury	mg/l
TKN as N	mg/l	K - Potassium	mg/l
ORGANICS: (by GC, GC/MS, HPLC)			
(Specify test and method #, ATTACH LAB REPORT)			
Report Attached?		<input checked="" type="checkbox"/> Yes (1) <input type="checkbox"/> No (0)	
VOC		method # 8260	
Pest & Biphenyls		method # 8081B 8082A	
Ni - Nickel		method # _____, method # _____, method # _____	
For Remediation Systems Only (Attach Lab Reports):		Influent Total VOCs: 0.00115 mg/L Effluent Total VOCs: <0.00013 mg/L VOC Removal% 100	
I certify that to the best of my knowledge and belief, the information submitted in this report is true, accurate and complete, and that the laboratory analytical data was produced using approved methods of analysis by a DWQ-certified laboratory. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.			

James Cashwell, P.E., Sr. Associate - Environmental Remediation
 Permittee (or Authorized Agent) Name and Title - Please print or type
 GW-59 Rev. 1/2007


 Signature of Permittee (or Authorized Agent)

2/07/2015
 (Date)

1617 MAIL SERVICE CENTER, RALEIGH, NC 27699-1617 Phone: (919) 733-3221

Expiry Date: 05/31/18

Expiration Date: 05/31/18

PERMIT Number: VQ0009949

Non-Discharge UJC

NPDES Other

TYPE OF PERMITTED OPERATION BEING MONITORED

Lagoon

Spray Field

Rotary Distributor

Water Source Heat Pump

Other: _____

If WELL WAS

DRY at

time of

sampling,

check

here:

Remediation: Infiltration Gallery

Remediation: Groundwater

Land Application of Sludge

SUBMIT FORM ON YELLOW PAPER ONLY

GROUNDWATER QUALITY MONITORING: COMPLIANCE REPORT FORM		Mail original and 1 copy to: Geigy Chemical Corporation Site 1817 MAIL SERVICE CENTER, RALEIGH, NC 27698-1617 Phone: (919) 733-3221	
EQUIPMENT INFORMATION		Please Print Clearly or Type	
Facility Name:	Geigy Chemical Corporation Site	Permit Number:	Expiration Date: 05/31/18
Permit Name (if different):		Non-Discharge WQ0009949	UIC _____
Facility Address: Domino Drive Aberdeen	County Moore NC	NPDES	Other _____
Contact Person: James Cashwell	Telephone#: 423.336.4012	TYPE OF PERMITTED OPERATION BEING MONITORED	
Well Location/Site Name:	No. of wells to be sampled: _____ <small>(from Permit)</small>	<input type="checkbox"/> Lagoon	<input type="checkbox"/> Remediation: Infiltration Gallery
		<input type="checkbox"/> Spray Field	<input checked="" type="checkbox"/> Remediation: Groundwater
		<input type="checkbox"/> Rotary Distributor	<input type="checkbox"/> Land Application of Sludge
		<input type="checkbox"/> Water Source Heat Pump	<input type="checkbox"/> Other: _____
		IF WELL WAS DRY AT TIME OF SAMPLING, CHECK HERE: <input type="checkbox"/>	
SAMPLING INFORMATION		FIELD ANALYSES:	
WELL ID NUMBER (from Permit): Carbon A-2	Date sample collected: 1/15/14	pH _____ units	Temp. _____ °C
Well Depth: _____ ft.	Well Diameter: _____ in.	Zn - Zinc _____ mg/l	
Depth to Water Level: _____ ft. below measuring point	Screened Interval: _____ ft. to _____ ft.	Pb - Lead _____ mg/l	
Measuring Point is _____ ft. above land surface	Relative M.P. Elevation: _____ ft.	Odor _____	
Volume of water pumped/bailed before sampling: _____ gallons		Appearance _____	
Samples for metals were collected unfiltered: <input type="checkbox"/> YES	<input type="checkbox"/> NO		
Samples for field acidified: <input type="checkbox"/> YES	<input type="checkbox"/> NO		
LABORATORY INFORMATION		Laboratory Name: Test America	Certification No. _____
Date sample analyzed: 1/17/14-TCE 1/22/14-PEST		NOTE: Values should reflect dissolved and colloidal concentrations.	
PARAMETERS		Nitrite (NO ₂) as N	mg/l
COD	mg/l	mg/l	
Coliform: MF Fecal	/100ml	mg/l	
Coliform: MF Total	/100ml	mg/l	
(Note: Use MPN method for highly turbid samples)		Phosphorus: Total as P	mg/l
Dissolved Solids: Total	mg/l	Orthophosphate	mg/l
pH (when analyzed)	units	Al - Aluminum	mg/l
TOC	mg/l	Ba - Barium	mg/l
Chloride	mg/l	Ca - Calcium	mg/l
Arsenic	mg/l	Cd - Cadmium	mg/l
Grease and Oils	mg/l	Chromium: Total	mg/l
Phenol	mg/l	Cu - Copper	mg/l
Sulfate	mg/l	Fe - Iron	mg/l
Specific Conductance	µMhos	Hg - Mercury	mg/l
Total Ammonia (Ammonia Nitrogen, NH ₃ as N; Ammonia Nitrogen, Total)	mg/l	K - Potassium	mg/l
TKN as N	mg/l	Mg - Magnesium	mg/l
		Mn - Manganese	mg/l
		Ni - Nickel	mg/l
		ORGANICS: (by GC, GC/MS, HPLC) (Specify test and method #. ATTACH LAB REPORT.)	
		Report Attached? <input checked="" type="checkbox"/> Yes (1) <input type="checkbox"/> No (0)	
		VOC	method # 8260
		Pest & Biphenyls	method # 8081B 8082A
For Remediation Systems Only (Attach Lab Reports):		Effluent Total VOCs: _____ mg/L	VOC Removal% 100
I certify that, to the best of my knowledge and belief, the information submitted in this report is true, accurate, and complete, and that the laboratory analytical data was produced using approved methods of analysis by a DWQ-certified laboratory. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.			

James Cashwell, P.E., Sr. Associate - Environmental Remediation

Permittee (or Authorized Agent) Name and Title - Please print or type
Rev. 1/2007

Signature of Permittee (or Authorized Agent)

(Date)

SUBMIT FORM ON YELLOW PAPER ONLY

GROUNDWATER QUALITY MONITORING: COMPLIANCE REPORT FORM		Mail original and 1 copy to:	DEPARTMENT OF ENVIRONMENT & NATURAL RESOURCES DIVISION OF WATER QUALITY-INFORMATION PROCESSING UNIT 1617 MAIL SERVICE CENTER, RALEIGH, NC 27699-1617 Phone: (919) 733-3221	
EQUIPMENT INFORMATION		<p>Please Print Clearly or Type</p> <p>Facility Name: Geigy Chemical Corporation Site</p> <p>Permit Name (if different):</p> <p>Facility Address: Domino Drive Aberdeen <small>(Siting)</small> NC <small>(City)</small> County Moore</p> <p>Contact Person: James Cashwell Telephone#: 423.336.4012</p> <p>Well Location/Site Name: No. of wells to be sampled: _____ <small>(from Permit)</small></p>		
SAMPLING INFORMATION		<p>WELL ID NUMBER (from Permit): Carbon A-2</p> <p>Well Depth: _____ ft.</p> <p>Depth to Water Level: _____ ft. below measuring point</p> <p>Measuring Point is _____ ft. above land surface</p> <p>Volume of water pumped/bailed before sampling: _____ gallons</p> <p>Samples for metals were collected unfiltered: <input type="checkbox"/> YES <input type="checkbox"/> NO and field acidified: <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>Date sample collected: 4/21/14</p> <p>Well Diameter: _____ in.</p> <p>Screened Interval: _____ ft. to _____ ft.</p> <p>Relative M.P. Elevation: _____ ft.</p>	<p>If WELL WAS DRY at time of sampling, check here: <input type="checkbox"/></p>
LABORATORY INFORMATION		<p>Date sample analyzed: 5/01/14-TCE 4/26/14-PEST</p> <p>NOTE: Values should reflect dissolved and colloidal concentrations.</p>	<p>Laboratory Name: Test America</p>	Certification No. _____
PARAMETERS		<p>COD mg/l</p> <p>Coliform: MF Fecal /100ml</p> <p>Coliform: MF Total /100ml</p> <p>(Note: Use MPN method for highly turbid samples)</p> <p>Dissolved Solids: Total mg/l</p> <p>pH (when analyzed) units</p> <p>TOC mg/l</p> <p>Chloride mg/l</p> <p>Arsenic mg/l</p> <p>Grease and Oils mg/l</p> <p>Phenol mg/l</p> <p>Sulfate mg/l</p> <p>Specific Conductance μMhos</p> <p>Total Ammonia (Ammonia Nitrogen; $\text{NH}_3\text{ as N}$; Ammonia Nitrogen, Total) mg/l</p> <p>TKN as N mg/l</p>	<p>Nitrite (NO_2) as N mg/l</p> <p>Nitrate (NO_3) as N mg/l</p> <p>Phosphorus: Total as P mg/l</p> <p>Orthophosphate mg/l</p> <p>Al - Aluminum mg/l</p> <p>Ba - Barium mg/l</p> <p>Ca - Calcium mg/l</p> <p>Cd - Cadmium mg/l</p> <p>Chromium: Total mg/l</p> <p>Cu - Copper mg/l</p> <p>Fe - Iron mg/l</p> <p>Hg - Mercury mg/l</p> <p>K - Potassium mg/l</p> <p>Mg - Magnesium mg/l</p> <p>Mn - Manganese mg/l</p> <p>Ni - Nickel mg/l</p>	<p>Pb - Lead mg/l</p> <p>Zn - Zinc mg/l</p> <p>Other (Specify Compounds and Concentration Units):</p> <p>TCE- BQL</p> <p>PEST - BQL</p> <p>ORGANICS: (by GC, GC/MS, HPLC) <small>(Specify test and method #. ATTACH LAB REPORT.)</small></p> <p>Report Attached? <input checked="" type="checkbox"/> Yes (1) <input type="checkbox"/> No (0)</p> <p>VOC mg/l</p> <p>Pest & Biphenyls mg/l</p> <p>, method # 8081B 8082A</p> <p>, method # _____</p> <p>, method # _____</p> <p>, method # _____</p> <p>Effluent Total VOCs: _____ mg/L VOC Removal% 100</p>

For Remediation Systems Only (Attach Lab Reports): _____

I certify that, to the best of my knowledge and belief, the information submitted in this report is true, accurate, and complete, and that the laboratory analytical data was produced using approved methods of analysis by a DWIC-certified laboratory. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

James Cashwell, P.E., Sr. Associate - Environmental Remediation

Permittee (or Authorized Agent) Name and Title - Please print or type

Rev. 1/2007

Signature of Permittee (or Authorized Agent)

(Date)

2/10/2015

SUBMIT FORM ON YELLOW PAPER ONLY

GROUNDWATER QUALITY MONITORING: COMPLIANCE REPORT FORM		Mail original and 1 copy to:	DEPARTMENT OF ENVIRONMENT & NATURAL RESOURCES DIVISION OF WATER QUALITY-INFORMATION PROCESSING UNIT 1617 MAIL SERVICE CENTER, RALEIGH, NC 27699-1617 Phone: (919) 733-3221		
EQUIPMENT INFORMATION		Please Print Clearly or Type			
Facility Name:	Geigy Chemical Corporation Site				
Permit Name (if different):					
Facility Address: Aberdeen	Domino Drive	County Moore	PERMIT Number:	Expiration Date: 05/31/18	
(City)	NC	(State)	Non-Discharge WQ00009949	UIC	
		NPDES	Other		
		TYPE OF PERMITTED OPERATION BEING MONITORED			
		<input type="checkbox"/> Lagoon	<input type="checkbox"/> Remediation: Infiltration Gallery		
		<input type="checkbox"/> Spray Field	<input checked="" type="checkbox"/> Remediation: Groundwater		
		<input type="checkbox"/> Rotary Distributor	<input type="checkbox"/> Land Application of Sludge		
		<input type="checkbox"/> Water Source Heat Pump	<input type="checkbox"/> Other: _____		
		If WELL WAS DRY at time of sampling, check here: <input type="checkbox"/>			
SAMPLING INFORMATION		FIELD ANALYSES:			
WELL ID NUMBER (from Permit):	Carbon A-2	Date sample collected: 7/10/14	pH	Temp. _____ °C	
Well Depth:	ft.	Well Diameter: _____ in.	units	µMhos	
Depth to Water Level:	ft. below measuring point	Screened Interval: _____ ft. to _____ ft.	Spec. Cond.		
Measuring Point is	ft. above land surface	Relative M.P. Elevation: _____ ft.	Odor		
Volume of water pumped/bailed before sampling:	gallons	Appearance _____			
Samples for metals were collected unfiltered:	<input type="checkbox"/> YES	<input type="checkbox"/> NO			
Samples for metals were collected acidified:	<input type="checkbox"/> YES	<input type="checkbox"/> NO			
LABORATORY INFORMATION		Laboratory Name: Test America	Certification No. _____		
Date sample analyzed: 7/15/14-TCE 7/15/14-PEST		NOTE: Values should reflect dissolved and colloidal concentrations.			
PARAMETERS		Nitrite (NO ₂) as N	mg/l	Pb - Lead	mg/l
COD	mg/l	Nitrate (NO ₃) as N	mg/l	Zn - Zinc	mg/l
Coliform: MF Fecal	/100ml	Phosphorus: Total as P	mg/l	Other (Specify Compounds and Concentration Units):	
Coliform: MF Total	/100ml	Orthophosphate	mg/l	TCE- 1.0, beta-BHC - 0.015Jp	
(Note: Use MPN method for highly turbid samples)		Al - Aluminum	mg/l		
Dissolved Solids: Total	mg/l	Ba - Barium	mg/l		
pH (when analyzed)	units	Ca - Calcium	mg/l		
TOC	mg/l	Cd - Cadmium	mg/l		
Chloride	mg/l	Chromium: Total	mg/l		
Arsenic	mg/l	Cu - Copper	mg/l	ORGANICS: (by GC, GC/MS, HPLC)	
Grease and Oils	mg/l	Fe - Iron	mg/l	(Specify test and method #. ATTACH LAB REPORT.)	
Phenol	mg/l	Hg - Mercury	mg/l	Report Attached? <input checked="" type="checkbox"/> Yes (1) <input type="checkbox"/> No (0)	
Sulfate	mg/l	K - Potassium	mg/l	VOC	method # 8260
Specific Conductance	µMhos	Mg - Magnesium	mg/l	Pest & Biphenyls	method # 8081B 8082A
Total Ammonia (Ammonia Nitrogen: NH ₃ as N; Ammonia Nitrogen, Total)	mg/l	Mn - Manganese	mg/l		
TKN as N	mg/l	Ni - Nickel	mg/l		
For Remediation Systems Only (Attach Lab Reports):		Influent Total VOCs:	mg/L	Effluent Total VOCs:	mg/L
		VOC Removal% 100			
I certify that, to the best of my knowledge and belief, the information submitted in this report is true, accurate, and complete, and that the laboratory analytical data was produced using approved methods of analysis by a DWIC-certified laboratory. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.					

James Cashwell, P.E., Sr. Associate - Environmental Remediation

2/10/2015

Signature of Permittee (or Authorized Agent)

SUBMIT FORM ON YELLOW PAPER ONLY

GROUNDWATER QUALITY MONITORING: COMPLIANCE REPORT FORM		Mail original and 1 copy to:	DEPARTMENT OF ENVIRONMENT & NATURAL RESOURCES DIVISION OF WATER QUALITY INFORMATION PROCESSING UNIT 1617 MAIL SERVICE CENTER, RALEIGH, NC 27699-1617 Phone: (919) 733-3221
EASILITY INFORMATION		Please Print Clearly or Type	
Facility Name:	Geigy Chemical Corporation Site		
Permit Name (if different):			
Facility Address: <u>Domino Drive</u> <small>(Street)</small>	<u>Aberdeen</u> <small>(City)</small>	County <u>Moore</u> <small>(State)</small>	Telephone#: <u>423-336-4012</u>
Contact Person: <u>James Cashwell</u> <small>(Name)</small>	No. of wells to be sampled: _____ <small>(from Permit)</small>		
SAMPLING INFORMATION		WELL ID NUMBER (from Permit): <u>Carbon A</u> Well Depth: _____ ft. Depth to Water Level: _____ ft. below measuring point Measuring Point is _____ ft. above land surface Volume of water pumped/bailed before sampling: _____ gallons Samples for metals were collected unfiltered: <input type="checkbox"/> YES <input type="checkbox"/> NO and field acidified: <input type="checkbox"/> YES <input type="checkbox"/> NO	
LABORATORY INFORMATION Date sample analyzed: <u>10/28/14-TCE 10/27/14-PEST</u>		Laboratory Name: <u>Test America</u>	Certification No. _____
PARAMETERS NOTE: Values should reflect dissolved and colloidal concentrations.			
COD	mg/l	Pb - Lead	mg/l
Coliform: MF Fecal	/100ml	Zn - Zinc	mg/l
Coliform: MF Total	/100ml	(Note: Use MPN method for highly turbid samples)	
Dissolved Solids: Total	mg/l	Phosphorus: Total as P	mg/l
pH (when analyzed)	units	Orthophosphate	mg/l
TOC	mg/l	Al - Aluminum	mg/l
Chloride	mg/l	Ba - Barium	mg/l
Arsenic	mg/l	Ca - Calcium	mg/l
Grease and Oils	mg/l	Cd - Cadmium	mg/l
Phenol	mg/l	Chromium: Total	mg/l
Sulfate	mg/l	Cu - Copper	mg/l
Specific Conductance	µMhos	Fe - Iron	mg/l
Total Ammonia (Ammonia Nitrogen: NH ₃ as N; Ammonia Nitrogen, Total)	mg/l	Hg - Mercury	mg/l
TKN as N	mg/l	K - Potassium	mg/l
		Mg - Magnesium	mg/l
		Mn - Manganese	mg/l
		Ni - Nickel	mg/l
For Remediation Systems Only (Attach Lab Reports):		Influent Total VOCs: _____ mg/L	Effluent Total VOCs: _____ mg/L
I certify that, to the best of my knowledge and belief, the information submitted in this report is true, accurate, and complete, and that the laboratory analytical data was produced using approved methods of analysis by a DWIC-certified laboratory. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.			

For Remediation Systems Only (Attach Lab Reports): Influent Total VOCs: _____ mg/L Effluent Total VOCs: _____ mg/L VOC Removal% _____ 100

I certify that, to the best of my knowledge and belief, the information submitted in this report is true, accurate, and complete, and that the laboratory analytical data was produced using approved methods of analysis by a DWIC-certified laboratory. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

James Cashwell, P.E., Sr. Associate - Environmental Remediation

Permittee (or Authorized Agent) Name and Title - Please print or type
GW-59 Rev. 1/2007

Signature of Permittee (or Authorized Agent)
(Date)

2/10/2015
(Date)

SUBMIT FORM ON YELLOW PAPER ONLY

GROUNDWATER QUALITY MONITORING: COMPLIANCE REPORT FORM		Mail original and 1 copy to: Facility Name: Geigy Chemical Corporation Site Permit Name (if different): Facility Address: Domino Drive Aberdeen (City) NC Contact Person: James Cashwell Well Location/Site Name: _____	DEPARTMENT OF ENVIRONMENT & NATURAL RESOURCES DIVISION OF WATER QUALITY-INFORMATION PROCESSING UNIT 1817 MAIL SERVICE CENTER, RALEIGH, NC 27699-1817 Phone: (919) 733-3221	
Please Print Clearly or Type		Non-Discharge NPDES	PERMIT Number: WQ0009949	Expiration Date: 05/31/18
County Moore Telephone#: 423.336.4012 No. of wells to be sampled: _____		TYPE OF PERMITTED OPERATION BEING MONITORED <input type="checkbox"/> Lagoon <input type="checkbox"/> Spray Field <input type="checkbox"/> Rotary Distributor <input type="checkbox"/> Water Source Heat Pump <input type="checkbox"/> Other: _____		If WELL WAS DRY at time of sampling, check here: <input type="checkbox"/>
SAMPLING INFORMATION WELL ID NUMBER (from Permit): Carbon B-3 Well Depth: _____ ft. Depth to Water Level: _____ ft. below measuring point Measuring Point is _____ ft. above land surface Volume of water pumped/bailed before sampling: _____ gallons Samples for metals were collected unfiltered: <input type="checkbox"/> YES <input type="checkbox"/> NO and field acidified: <input type="checkbox"/> YES <input type="checkbox"/> NO		Date sample collected: 1/15/14 Well Diameter: _____ in. Screened Interval: _____ ft. to _____ ft. Relative M.P. Elevation: _____ ft.	FIELD ANALYSES: pH _____ units Spec. Cond. _____ µMhos Odor _____ Appearance _____	Temp. _____ °C
LABORATORY INFORMATION Date sample analyzed: 1/17/14-TCE 1/22/14-PEST PARAMETERS NOTE: Values should reflect dissolved and colloidal concentrations. (Note: Use MPN method for highly turbid samples)		Laboratory Name: Test America Nitrite (NO ₂) as N mg/l Nitrate (NO ₃) as N mg/l Phosphorus: Total as P mg/l Orthophosphate mg/l Al - Aluminum mg/l Ba - Barium mg/l Ca - Calcium mg/l Cd - Cadmium mg/l Chromium: Total mg/l Cu - Copper mg/l Fe - Iron mg/l Hg - Mercury mg/l K - Potassium mg/l Grease and Oils mg/l Phenol mg/l Sulfate mg/l µMhos mg/l Specific Conductance mg/l Total Ammonia mg/l (Ammonia Nitrogen; NH ₃ as N; Ammonia Nitrogen, Total) mg/l TKN as N mg/l	Pb - Lead mg/l Zn - Zinc mg/l Other (Specify Compounds and Concentration Units): TCE- BQL PEST - BQL ORGANICS: (by GC, GC/MS, HPLC) (Specify test and method #. ATTACH LAB REPORT.) Report Attached? <input checked="" type="checkbox"/> Yes (1) <input type="checkbox"/> No (0) VOC method # 8260 Pest & Biphenyls method # 8081B 8082A Mg - Magnesium mg/l Mn - Manganese mg/l Ni - Nickel mg/l	Certification No. _____
For Remediation Systems Only (Attach Lab Reports):		Influent Total VOCs: _____ mg/L	Effluent Total VOCs: _____ mg/L	VOC Removal% 100

I certify that to the best of my knowledge and belief, the information submitted in this report is true, accurate and complete, and that the laboratory analytical data was produced using approved methods of analysis by a DWQ certified laboratory. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

James Cashwell, P.E., Sr. Associate - Environmental Remediation
Permittee (or Authorized Agent) Name and Title - Please print or type
GW-55
Rev. 1/2007


Signature of Permittee or Authorized Agent


(Date) 2/10/2015

SUBMIT FORM ON YELLOW PAPER ONLY

GROUNDWATER QUALITY MONITORING: COMPLIANCE REPORT FORM		DEPARTMENT OF ENVIRONMENT & NATURAL RESOURCES DIVISION OF WATER QUALITY INFORMATION PROCESSING UNIT 1817 MAIL SERVICE CENTER, RALEIGH, NC 27699-1617 Phone: (919) 733-3221	
EAGILITY INFORMATION		Please Print Clearly or Type Facility Name: Geigy Chemical Corporation Site Permit Name (if different): _____ Facility Address: <u>Domino Drive</u> <u>Aberdeen</u> <u>(City)</u> <u>NC</u> <u>(State)</u> <u>27001</u> Contact Person: <u>James Cashwell</u> Well Location/Site Name: _____ Telephone#: <u>423.336.4012</u> No. of wells to be sampled: <u>from Permit</u>	
SAMPLING INFORMATION		WELL ID NUMBER (from Permit): <u>Carbon B-3</u> Well Depth: _____ ft. Depth to Water Level: _____ ft. below measuring point Measuring Point is _____ ft. above land surface Volume of water pumped/bailed before sampling: _____ gallons Samples for metals were collected unfiltered: <input type="checkbox"/> YES <input type="checkbox"/> NO and field acidified: <input type="checkbox"/> YES <input type="checkbox"/> NO	
LABORATORY INFORMATION		Date sample collected: <u>4/21/14</u> Well Diameter: _____ in. to _____ ft. Screened Interval: _____ ft. to _____ ft. Relative M.P. Elevation: _____ ft. Date sample collected: <u>4/21/14</u> Laboratory Name: <u>Test America</u> Certification No. _____	
PARAMETERS NOTE: Values should reflect dissolved and colloidal concentrations. COD mg/l Coliform: MF Fecal _____ /100ml Coliform: MF Total _____ /100ml <small>(Note: Use MPN method for highly turbid samples)</small> Dissolved Solids: Total mg/l pH (when analyzed) mg/l TOC mg/l Chloride mg/l Arsenic mg/l Grease and Oils mg/l Phenol mg/l Sulfate mg/l Specific Conductance μMhos Total Ammonia mg/l <small>(Ammonia Nitrogen: NH₃ as N; Ammonia Nitrogen, Total)</small> TKN as N mg/l			
Nitrite (NO ₂) as N mg/l Nitrate (NO ₃) as N mg/l Phosphorous: Total as P mg/l Orthophosphate mg/l Al - Aluminum mg/l Ba - Barium mg/l Ca - Calcium mg/l Cd - Cadmium mg/l Chromium: Total mg/l Cu - Copper mg/l Fe - Iron mg/l Hg - Mercury mg/l K - Potassium mg/l Mg - Magnesium mg/l Mn - Manganese mg/l Ni - Nickel mg/l			
ORGANICS: (by GC, GC/MS, HPLC) <small>(Specify test and method #. ATTACH LAB REPORT.)</small> Report Attached? <input checked="" type="checkbox"/> Yes (1) <input type="checkbox"/> No (0) VOC method # <u>8260</u> Pest & Biphenyls method # <u>8081B 8082A</u> , method # _____ , method # _____			
For Remediation Systems Only (Attach Lab Reports): Influent Total VOCs: _____ mg/L Effluent Total VOCs: _____ mg/L VOC Removal% <u>100</u> <small>I certify that, to the best of my knowledge and belief, the information submitted in this report is true, accurate, and complete, and that the laboratory analytical data was produced using approved methods of analysis by a DWQ-certified laboratory. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.</small>			

James Cashwell, P.E., Sr. Associate - Environmental Remediation
 Permittee (or Authorized Agent) Name and Title - Please print or type
 Rev. 1/2007
 GV-59

For Remediation Systems Only (Attach Lab Reports):
 I certify that, to the best of my knowledge and belief, the information submitted in this report is true, accurate, and complete, and that the laboratory analytical data was produced using approved methods of analysis by a DWQ-certified laboratory. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

2/10/2015
 Signature of Permittee (or Authorized Agent)

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EQUALITY INFORMATION		Please Print Clearly or Type		
Facility Name:	Geigy Chemical Corporation Site			
Permit Name (if different):				
Facility Address:	Domino Drive <small>(Street)</small>	County	Moore	
Aberdeen	NC	(State)	(Zip)	
Contact Person:	James Cashwell	Telephone#:	423.336.4012	
Well Location/Site Name:	No. of wells to be sampled: _____ <small>(from Permit)</small>			
SAMPLING INFORMATION		Date sample collected:	7/10/14	
WELL ID NUMBER (from Permit):	Carbon B-1	Well Diameter:	_____ in.	Temp. _____ °C
Well Depth:	ft.	Screened Interval:	_____ ft. to _____ ft.	Spec. Cond. _____ μMhos
Depth to Water Level:	ft.	Relative M.P. Elevation:	_____ ft.	Odor _____
Measuring Point is	ft. above land surface	gallons	Appearance _____	
Volume of water pumped/bailed before sampling:	_____	_____	Samples for metals were collected unfiltered: <input type="checkbox"/> YES <input type="checkbox"/> NO and field acidified: <input type="checkbox"/> YES <input type="checkbox"/> NO	
LABORATORY INFORMATION		Laboratory Name:	Test America	
Date sample analyzed: 7/11/14-TCE 7/15/14-PEST		Certification No. _____		
PARAMETERS NOTE: Values should reflect dissolved and colloidal concentrations.				
COD	mg/l	Nitrite (NO ₂) as N	mg/l	Pb - Lead mg/l
Coliform: MF Fecal	/100ml	Nitrate (NO ₃) as N	mg/l	Zn - Zinc mg/l
Coliform: MF Total	/100ml	Phosphorus: Total as P	mg/l	
(Note: Use MPN method for highly turbid samples)				
Dissolved Solids: Total	mg/l	Orthophosphate	mg/l	Other (Specify Compounds and Concentration Units):
pH (when analyzed)	units	Al - Aluminum	mg/l	TCE- BQL
TOC	mg/l	Ba - Barium	mg/l	PEST - BQL
Chloride	mg/l	Ca - Calcium	mg/l	
Arsenic	mg/l	Cd - Cadmium	mg/l	
Grease and Oils	mg/l	Chromium: Total	mg/l	
Phenol	mg/l	Cu - Copper	mg/l	ORGANICS: (by GC, GC/MS, HPLC)
Sulfate	mg/l	Fe - Iron	mg/l	(Specify test and method #. ATTACH LAB REPORT.)
Specific Conductance	μMhos	Hg - Mercury	mg/l	Report Attached? <input checked="" type="checkbox"/> Yes (1) <input type="checkbox"/> No (0)
Total Ammonia	mg/l	K - Potassium	mg/l	VOC method # 8260
(Ammonia Nitrogen; NH ₃ as N; Ammonia Nitrogen, Total)	mg/l	Mg - Magnesium	mg/l	Pest & Biphenyls method # 8081B 8082A
TKN as N	mg/l	Mn - Manganese	mg/l	
		Ni - Nickel	mg/l	
For Remediation Systems Only (Attach Lab Reports):		Effluent Total VOCs:	mg/L	VOC Removal % 100
I certify that to the best of my knowledge and belief, the information submitted in this report is true, accurate, and complete, and that the laboratory analytical data was produced using approved methods of analysis by a DWQ-certified laboratory. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.				

James Cashwell, P.E., Sr. Associate - Environmental Remediation
Permittee (or Authorized Agent) Name and Title - Please print or type

GVV-59 Rev. 1/2007
2/10/2015
(Date)

Signature of Permittee (or Authorized Agent)

SUBMIT FORM ON YELLOW PAPER ONLY

GROUNDWATER QUALITY MONITORING: COMPLIANCE REPORT FORM		Mail original and 1 copy to:	
FACILITY INFORMATION Facility Name: <u>Geigy Chemical Corporation Site</u> Permit Name (if different): _____ Facility Address: <u>Domino Drive</u> <u>Aberdeen</u> <small>(City)</small> <u>NC</u> <small>(State)</small> <u>27693</u> <small>(Zip)</small> Contact Person: <u>James Cashwell</u> Telephone#: <u>423.336.4012</u> Well Location/Site Name: _____			
<small>Please Print Clearly or Type</small> DEPARTMENT OF ENVIRONMENT & NATURAL RESOURCES DIVISION OF WATER QUALITY INFORMATION PROCESSING UNIT 1617 MAIL SERVICE CENTER, RALEIGH, NC 27699-1617 Phone: (919)733-3221 PERMIT Number: <u>WQ0009949</u> Expiration Date: <u>05/31/18</u> Non-Discharge <input type="checkbox"/> UIC <input checked="" type="checkbox"/> Other NPDES <input type="checkbox"/> TYPE OF PERMITTED OPERATION BEING MONITORED <input type="checkbox"/> Lagoon <input type="checkbox"/> Remediation: Infiltration Gallery <input type="checkbox"/> Spray Field <input checked="" type="checkbox"/> Remediation: Groundwater <input type="checkbox"/> Rotary Distributor <input type="checkbox"/> Land Application of Sludge <input type="checkbox"/> Water Source Heat Pump <input type="checkbox"/> Other: _____ <small>If WELL WAS DRY at time of sampling, check here: <input type="checkbox"/></small>			
SAMPLING INFORMATION WELL ID NUMBER (from Permit): <u>Carbon B</u> Date sample collected: <u>10/21/14</u> Well Depth: _____ ft. Well Diameter: _____ in. Temp. _____ °C Depth to Water Level: _____ ft. below measuring point pH _____ units Measuring Point is _____ ft. above land surface Screened Interval: _____ ft. to _____ ft. Relative M.P. Elevation: _____ ft. Odor _____ Volume of water pumped/bailed before sampling: _____ gallons Appearance _____ Samples for metals were collected unfiltered: <input type="checkbox"/> YES <input type="checkbox"/> NO and field acidified: <input type="checkbox"/> YES <input type="checkbox"/> NO			
LABORATORY INFORMATION Date sample analyzed: <u>10/28/14-TCE 10/27/14-PEST</u> Laboratory Name: <u>Test America</u> Certification No. _____ PARAMETERS NOTE: Values should reflect dissolved and colloidal concentrations.			
COD mg/l Pb - Lead _____ mg/l Coliform: MF Fecal _____ /100ml Zn - Zinc _____ mg/l Coliform: MF Total _____ /100ml Phosphorus: Total as P _____ mg/l <small>(Note: Use MPN method for highly turbid samples)</small> Dissolved Solids: Total _____ mg/l Orthophosphate _____ mg/l pH (when analyzed) _____ units Al - Aluminum _____ mg/l TOC _____ mg/l Ba - Barium _____ mg/l Chloride _____ mg/l Ca - Calcium _____ mg/l Arsenic _____ mg/l Cd - Cadmium _____ mg/l Grease and Oils _____ mg/l Chromium: Total _____ mg/l Phenol _____ mg/l Cu - Copper _____ mg/l Sulfate _____ mg/l Fe - Iron _____ mg/l Specific Conductance μMhos Hg - Mercury _____ mg/l Total Ammonia (Ammonia Nitrogen; NH_3N ; Ammonia Nitrogen, Total) _____ mg/l K - Potassium _____ mg/l TKN as N _____ mg/l Mg - Magnesium _____ mg/l _____ Mn - Manganese _____ mg/l Pest & Biphenyls _____, method # <u>8081B</u> <u>8082A</u> _____ Ni - Nickel _____ mg/l _____, method # _____, method # _____			
ORGANICS: (by GC, GC/MS, HPLC) <small>(Specify test and method #. ATTACH LAB REPORT.)</small> Report Attached? <input checked="" type="checkbox"/> Yes (1) <input type="checkbox"/> No (0) VOC method # <u>8260</u> Pest & Biphenyls _____, method # <u>8081B</u> <u>8082A</u> _____, method # _____, method # _____, method # _____			
For Remediation Systems Only (Attach Lab Reports): Influent Total VOCs: _____ mg/L Effluent Total VOCs: _____ mg/L VOC Removal% <u>100</u>			

I certify that, to the best of my knowledge and belief, the information submitted in this report is true, accurate, and complete, and that the laboratory analytical data was produced using approved methods or analysis by a DWQ certified laboratory. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

James Cashwell, P.E., Sr. Associate - Environmental Remediation

Permittee (or Authorized Agent) Name and Title - Please print or type
C Signature of Permittee (or Authorized Agent) _____
(Date)

SUBMIT FORM ON YELLOW PAPER ONLY

GROUNDWATER QUALITY MONITORING: COMPLIANCE REPORT FORM		Mail original and 1 copy to:	DEPARTMENT OF ENVIRONMENT & NATURAL RESOURCES DIVISION OF WATER QUALITY- INFORMATION PROCESSING UNIT 1817 MAIL SERVICE CENTER, RALEIGH, NC 27699-1617 Phone: (919) 733-3221
EACTILITY INFORMATION		Please Print Clearly or Type	
Facility Name:	Geigy Chemical Corporation Site		
Permit Name (if different):			
Facility Address:	Domino Drive (City)	NC (State)	28315 (Zip)
Contact Person:	James Cashwell	Telephone#:	423.336.4012
Well Location/Site Name:	No. of wells to be sampled: _____ <i>(From Permit)</i>		
SAMPLING INFORMATION		Date sample collected:	10/21/14
WELL ID NUMBER (from Permit):	MW-4S	Well Diameter:	2 in.
Well Depth:	41.97 ft.	Screened Interval:	31.9 ft. to 41.9 ft.
Depth to Water Level:	36.09 ft. below measuring point	Relative M.P. Elevation:	473.49 ft.
Measuring Point is	ft. above land surface		
Volume of water pumped/bailed before sampling:	1.15 gallons		
Samples for metals were collected unfiltered:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
LABORATORY INFORMATION		Laboratory Name:	Test America
Date sample analyzed: 10/24/14		Certification No.	269
PARAMETERS NOTE: Values should reflect dissolved and colloidal concentrations.			
COD	mg/l	Nitrite (NO ₂) as N	mg/l
Coliform: MF Fecal	/100ml	Nitrate (NO ₃) as N	mg/l
Coliform: MF Total	/100ml	Phosphorus: Total as P	mg/l
(Note: Use MPN method for highly turbid samples)			
Dissolved Solids: Total	mg/l	Orthophosphate	mg/l
pH (when analyzed)	units	Al - Aluminum	mg/l
TOC	mg/l	Ba - Barium	mg/l
Chloride	mg/l	Ca - Calcium	mg/l
Arsenic	mg/l	Cd - Cadmium	mg/l
Grease and Oils	mg/l	Chromium: Total	mg/l
Phenol	mg/l	Cu - Copper	mg/l
Sulfate	mg/l	Fe - Iron	mg/l
Specific Conductance	µMhos	Hg - Mercury	mg/l
Total Ammonia (Ammonia Nitrogen, NH ₃ as N, Ammonia Nitrogen, Total)	mg/l	K - Potassium	mg/l
TKN as N	mg/l	Pest & Biphenyls	method # <u>8081B / 8085A</u>
For Remediation Systems Only (Attach Lab Reports):			
Influent Total VOCs: _____ mg/L Effluent Total VOCs: _____ mg/L VOC Removal% _____			
I certify that, to the best of my knowledge and belief, the information submitted in this report is true, accurate, and complete, and that the laboratory analytical data was produced using approved methods of analysis by a DWQ-certified laboratory. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.			

James Cashwell, P.E., Sr. Associate - Environmental Remediation
 Permittee (or Authorized Agent) Name and Title - Please print or type
 GW-59
 Rev. 1/2007

For Remediation Systems Only (Attach Lab Reports):

Influent Total VOCs: _____ mg/L Effluent Total VOCs: _____ mg/L VOC Removal% _____

I certify that, to the best of my knowledge and belief, the information submitted in this report is true, accurate, and complete, and that the laboratory analytical data was produced using approved methods of analysis by a DWQ-certified laboratory. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

Signature of Permittee (or Authorized Agent)

[Signature]

(Date)

8/10/2015

SUBMIT FORM ON YELLOW PAPER ONLY

GROUNDWATER QUALITY MONITORING: COMPLIANCE REPORT FORM		Mail original and 1 copy to:	
<p>Please Print Clearly or Type</p> <p>EQUIPMENT INFORMATION</p> <p>Facility Name: Geigy Chemical Corporation Site</p> <p>Permit Name (if different):</p> <p>Facility Address: Domino Drive</p> <p>Aberdeen <small>(State) NC</small> <small>(City) 28315</small> County Moore</p> <p>Contact Person: James Cashwell Telephone#: 423.336.4012</p> <p>Well Location/Site Name: No. of wells to be sampled: _____ <small>(from Permit)</small></p>			
<p>SAMPLING INFORMATION</p> <p>WELL ID NUMBER (from Permit): MW-5S</p> <p>Well Depth: 47.44 ft.</p> <p>Depth to Water Level: 40.95 ft. below measuring point</p> <p>Measuring Point is _____ ft. above land surface</p> <p>Volume of water pumped/bailed before sampling: 0.5 gallons</p> <p>Samples for metals were collected unfiltered: <input type="checkbox"/> YES <input type="checkbox"/> NO and field acidified: <input type="checkbox"/> YES <input type="checkbox"/> NO</p>		<p>Date sample collected: 10/21/14</p> <p>Well Diameter: 2 in.</p> <p>Screened Interval: 37.4 ft. to 47.4 ft.</p> <p>Relative M.P. Elevation: 471.36 ft.</p> <p>Field Analyzes:</p> <p>pH 5.01 units Temp. 14.93 °C</p> <p>Spec. Cond. 75 µMhos</p> <p>Odor None</p> <p>Appearance Clear</p>	
<p>LABORATORY INFORMATION</p> <p>Date sample analyzed: 10/24/14</p> <p>NOTE: Values should reflect dissolved and colloidal concentrations.</p> <p>PARAMETERS COD mg/l Nitrite (NO₂) as N mg/l</p> <p>Coliform: MF Fecal _____ /100ml Nitrate (NO₃) as N mg/l</p> <p>Coliform: MF Total _____ /100ml Phosphorus: Total as P mg/l</p> <p>(Note: Use MPN method for highly turbid samples)</p> <p>Dissolved Solids: Total mg/l Orthophosphate mg/l</p> <p>pH (when analyzed) mg/l Al - Aluminum mg/l</p> <p>TOC mg/l Ba - Barium mg/l</p> <p>Chloride mg/l Cd - Cadmium mg/l</p> <p>Arsenic mg/l Chromium: Total mg/l</p> <p>Grease and Oils mg/l Cu - Copper mg/l</p> <p>Phenol mg/l Fe - Iron mg/l</p> <p>Sulfate mg/l Hg - Mercury mg/l</p> <p>Specific Conductance µMhos mg/l K - Potassium mg/l</p> <p>Total Ammonia (Ammonia Nitrogen: NH₃-as N; Ammonia Nitrogen, Total) mg/l Mg - Magnesium mg/l</p> <p>TKN as N mg/l Mn - Manganese mg/l</p> <p>Ni - Nickel mg/l</p>		<p>Laboratory Name: Test America</p> <p>Certification No. 269</p> <p>Pb - Lead mg/l</p> <p>Zn - Zinc mg/l</p> <p>Other (Specify Compounds and Concentration Units):</p> <p>TCL Pesticides - Results attached</p> <p>ORGANICS: (by GC, GC/MS, HPLC) (Specify test and method #. ATTACH LAB REPORT.)</p> <p>Report Attached? <input checked="" type="checkbox"/> Yes (1) <input type="checkbox"/> No (0)</p> <p>Pest & Biphenyls , method # 8081B/8082A</p>	
<p>For Remediation Systems Only (Attach Lab Reports):</p> <p>Influent Total VOCs: _____ mg/L Effluent Total VOCs: _____ mg/L</p>		<p>VOC Removal% _____</p>	
<p>I certify that, to the best of my knowledge and belief, the information submitted in this report is true, accurate, and complete, and that the laboratory analytical data was produced using approved methods of analysis by a DNR-certified laboratory. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.</p>			

James Cashwell, P.E., Sr. Associate - Environmental Remediation
Permittee (or Authorized Agent) Name and Title - Please print or type

GW-59 Rev. 1/2007
Signature of Permittee (or Authorized Agent)

Signature of Permittee (or Authorized Agent)

2/14/2015
(Date)

DEPARTMENT OF ENVIRONMENT & NATURAL RESOURCES
DIVISION OF WATER QUALITY-INFORMATION PROCESSING UNIT
1817 MAIL SERVICE CENTER, RALEIGH, NC 27699-1617 Phone: (919) 733-3221

PERMIT Number: WQ00009949	Expiration Date: 05/31/18
Non-Discharge NPDES	UIC Other
TYPE OF PERMITTED OPERATION BEING MONITORED	
<input type="checkbox"/> Lagoon <input type="checkbox"/> Remediation: Infiltration Gallery	
<input type="checkbox"/> Spray Field <input checked="" type="checkbox"/> Remediation: Groundwater	
<input type="checkbox"/> Rotary Distributor <input type="checkbox"/> Land Application of Sludge	
<input type="checkbox"/> Water Source Heat Pump <input type="checkbox"/> Other	
<small>If WELL WAS DRY at time of sampling, check here: <input type="checkbox"/></small>	

SUBMIT FORM ON YELLOW PAPER ONLY

GROUNDWATER QUALITY MONITORING: COMPLIANCE REPORT FORM		Mail original and 1 copy to:	DEPARTMENT OF ENVIRONMENT & NATURAL RESOURCES DIVISION OF WATER QUALITY-INFORMATION PROCESSING UNIT 1617 MAIL SERVICE CENTER, RALEIGH, NC 27699-1617 Phone: (919) 733-3221
EACTILITY INFORMATION		Please Print Clearly or Type	
Facility Name: Geigy Chemical Corporation Site			
Permit Name (if different):			
Facility Address: Domino Drive Aberdeen <small>(City)</small>		County Moore <small>(State/City)</small>	
Contact Person: James Cashwell		Telephone#: 423.336.4012	
Well Location/Site Name:		No. of wells to be sampled: _____ <small>(from Permit)</small>	
SAMPLING INFORMATION		Date sample collected: 10/21/14	
WELL ID NUMBER (from Permit): MW-16S		Well Diameter: 2 in.	
Well Depth: 68.04 ft.		Screened Interval: 58. ft. to 68. ft.	
Depth to Water Level: 48.28 ft. below measuring point		Relative M.P. Elevation: 484.58 ft.	
Measuring Point is ft. above land surface		5.25 gallons	
Volume of water pumped/bailed before sampling: _____		Samples for metals were collected unfiltered: <input type="checkbox"/> YES <input type="checkbox"/> NO and field acidified: <input type="checkbox"/> YES <input type="checkbox"/> NO	
LABORATORY INFORMATION		Laboratory Name: Test America	
Date sample analyzed: 10/24/14-P-EST 10/28/14 - TCE		Certification No. 269	
PARAMETERS NOTE: Values should reflect dissolved and colloidal concentrations.			
COD mg/l Pb - Lead mg/l			
Coliform: MF Fecal /100ml Zn - Zinc mg/l			
Coliform: MF Total /100ml Phosphorus: Total as P mg/l			
(Note: Use MPN method for highly turbid samples)			
Dissolved Solids: Total mg/l Orthophosphate mg/l			
pH (when analyzed) units Al - Aluminum mg/l			
TOC mg/l Ba - Barium mg/l			
Chloride mg/l Cd - Cadmium mg/l			
Arsenic mg/l Chromium: Total mg/l			
Grease and Oils mg/l Cu - Copper mg/l			
Phenol mg/l Fe - Iron mg/l			
Sulfate mg/l Hg - Mercury mg/l			
Specific Conductance μMhos K - Potassium mg/l			
Total Ammonia (Ammonia Nitrogen; $\text{NH}_3\text{ as N}; \text{Ammonia Nitrogen, Total}$) mg/l Mg - Magnesium mg/l			
TKN as N mg/l Mn - Manganese mg/l			
Ni - Nickel mg/l			
FIELD ANALYSES:		Temp. 15.16 °C Spec. Cond. 82 μMhos	
Odor None		Appearance Clear	
IF WELL WAS DRY AT TIME OF SAMPLING, CHECK HERE: <input type="checkbox"/>			

For Remediation Systems Only (Attach Lab Reports):
 I certify that, to the best of my knowledge and belief, the information submitted in this report is true, accurate, and complete, and that the laboratory analytical data was produced using approved methods of analysis by a DWIC-certified laboratory. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

James Cashwell, P.E., Sr. Associate - Environmental Remediation
 Permittee (or Authorized Agent) Name and Title - Please print or type

2/18/2015

(Date)

[Signature]
 Signature of Permittee (or Authorized Agent)

SUBMIT FORM ON YELLOW PAPER ONLY

GROUNDWATER QUALITY MONITORING: COMPLIANCE REPORT FORM		Mail original and 1 copy to: Please Print Clearly or Type	DEPARTMENT OF ENVIRONMENT & NATURAL RESOURCES DIVISION OF WATER QUALITY-INFORMATION PROCESSING UNIT 1617 MAIL SERVICE CENTER, RALEIGH, NC 27699-1617 Phone: (919) 733-3221	
EQUALITY INFORMATION				
Facility Name:	Geigy Chemical Corporation Site			
Permit Name (if different):				
Facility Address:	Domino Drive (Street)	NC (City)	28315 (Zip)	County Moore
Contact Person:	James Cashwell Telephone#: 423.336.4012			
Well Location/Site Name:	No. of wells to be sampled: _____ (from Permit)			
SAMPLING INFORMATION		Date sample collected: <u>10/21/14</u>	FIELD ANALYSES:	
WELL ID NUMBER (from Permit):	MW-17S	Well Diameter: <u>2</u> in.	pH <u>5.00</u> units	Temp. <u>13.95</u> °C
Well Depth:	<u>59.42</u> ft.	Screened Interval: <u>49.4</u> ft. to <u>59.4</u> ft.	Spec. Cond. <u>65</u> µMhos	
Depth to Water Level:	<u>47.92</u> ft. below measuring point	Relative M.P. Elevation: <u>480.22</u> ft.	Odor <u>None</u>	
Measuring Point is	<u>ft. above land surface</u>	6 gallons	Appearance <u>Clear</u>	
Volume of water pumped/bailed before sampling:	<u>□ YES</u>	<u>□ NO</u>	Samples for metals were collected unfiltered: <u>□ YES</u> <u>□ NO</u> and field acidified: <u>□ YES</u> <u>□ NO</u>	
LABORATORY INFORMATION		Laboratory Name: <u>Test America</u>	Certification No. <u>269</u>	
Date sample analyzed: <u>10/24/14 - PEST 10/28/14 - TCE</u>				
PARAMETERS <u>NOTE: Values should reflect dissolved and colloidal concentrations.</u>				
COD	mg/l	Nitrite (NO ₂) as N	mg/l	Pb - Lead
Coliform: MF Fecal	/100ml	Nitrate (NO ₃) as N	mg/l	Zn - Zinc
Coliform: MF Total	/100ml	Phosphorus: Total as P	mg/l	
(Note: Use MPN method for highly turbid samples)				
Dissolved Solids: Total	mg/l	Orthophosphate	mg/l	Other (Specify Compounds and Concentration Units):
pH (when analyzed)	units	Al - Aluminum	mg/l	TCL Pesticides - Results attached
TOC	mg/l	Ba - Barium	mg/l	TCE - Results attached
Chloride	mg/l	Ca - Calcium	mg/l	
Arsenic	mg/l	Cd - Cadmium	mg/l	
Grease and Oils	mg/l	Chromium: Total	mg/l	
Phenol	mg/l	Cu - Copper	mg/l	ORGANICS: (by GC, GC/MS, HPLC)
Sulfate	mg/l	Fe - Iron	mg/l	(Specify test and method #, ATTACH LAB REPORT.)
Specific Conductance	µMhos	Hg - Mercury	mg/l	Report Attached? <u>☒ Yes (1)</u> <u>☐ No (0)</u>
Total Ammonia (Ammonia Nitrogen; NH ₃ as N; Ammonia Nitrogen, Total)	mg/l	K - Potassium	mg/l	VOC <u>VOC</u> , method # <u>8260</u>
TKN as N	mg/l	Mg - Magnesium	mg/l	Pest & Biphenyls, method # <u>8081B / 8082A</u>
		Mn - Manganese	mg/l	
		Ni - Nickel	mg/l	
For Remediation Systems Only (Attach Lab Reports):		Influent Total VOCs: _____ mg/L	Effluent Total VOCs: _____ mg/L	VOC Removal% _____
<i>I certify that, to the best of my knowledge and belief, the information submitted in this report is true, accurate, and complete, and that the laboratory analytical data was produced using approved methods of analysis by a DWIC-certified laboratory. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.</i>				

James Cashwell, P.E., Sr. Associate - Environmental Remediation
 Permittee (or Authorized Agent) Name and Title - Please print or type
 Signature of Permittee (or Authorized Agent)
 Date: 8/10/2015

GVV-59 Rev. 1/2007
 I certify that, to the best of my knowledge and belief, the information submitted in this report is true, accurate, and complete, and that the laboratory analytical data was produced using approved methods of analysis by a DWIC-certified laboratory. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.
 Date: 8/10/2015

SUBMIT FORM ON YELLOW PAPER ONLY

GROUNDWATER QUALITY MONITORING: COMPLIANCE REPORT FORM		Mail original and 1 copy to:	DEPARTMENT OF ENVIRONMENT & NATURAL RESOURCES DIVISION OF WATER QUALITY-INFORMATION PROCESSING UNIT 1617 MAIL SERVICE CENTER, RALEIGH, NC 27699-1617 Phone: (919) 733-3221
FACILITY INFORMATION Facility Name: <u>Geigy Chemical Corporation Site</u> Permit Name (if different): _____ Facility Address: <u>Domino Drive</u> <u>(Street)</u> <u>NC</u> <u>28315</u> <u>(City)</u> <u>(State)</u> <u>(Zip)</u> Contact Person: <u>James Cashwell</u> Telephone#: <u>423.336.4012</u> Well Location/Site Name: _____ No. of wells to be sampled: <u>1</u> <small>(from Permit)</small>		POLYMER PERMIT INFORMATION Please Print Clearly or Type Non-Discharge <u>WQ00009949</u> Expiration Date: <u>05/31/18</u> NPDES <u> </u> UIC <u> </u> Other <u> </u>	TYPE OF PERMITTED OPERATION BEING MONITORED <input type="checkbox"/> Lagoon <input type="checkbox"/> Remediation: Infiltration Gallery <input type="checkbox"/> Spray Field <input checked="" type="checkbox"/> Remediation: Groundwater <input type="checkbox"/> Rotary Distributor <input type="checkbox"/> Land Application of Sludge <input type="checkbox"/> Water Source Heat Pump <input type="checkbox"/> Other: <u> </u> <small>If WELL WAS DRY at time of sampling, check here: <input type="checkbox"/></small>
SAMPLING INFORMATION WELL ID NUMBER (from Permit): <u>MW-18S</u> Date sample collected: <u>10/21/14</u> Well Depth: <u>49.75 ft.</u> Well Diameter: <u>2 in.</u> FIELD ANALYSES: Depth to Water Level: <u>48.5 ft.</u> below measuring point Screened Interval: <u>39.7 ft.</u> to <u>49.7 ft.</u> pH <u>6.19</u> units Temp. <u>15.79</u> °C Measuring Point is <u> </u> ft. above land surface Relative M.P. Elevation: <u>467.83 ft.</u> Spec. Cond. <u>116</u> µMhos Volume of water pumped/bailed before sampling: <u>1</u> gallons Odor <u>None</u> Appearance <u>Clear</u> Samples for metals were collected unfiltered: <input type="checkbox"/> YES <input type="checkbox"/> NO and field acidified: <input type="checkbox"/> YES <input type="checkbox"/> NO		LABORATORY INFORMATION Date sample analyzed: <u>10/28/14 - PEST / 10/30/14 - TCE</u> Laboratory Name: <u>Test America</u> Certification No. <u>269</u> PARAMETERS NOTE: Values should reflect dissolved and colloidal concentrations.	Nitrite (NO ₂) as N <u> </u> mg/l Pb - Lead <u> </u> mg/l Nitrate (NO ₃) as N <u> </u> mg/l Zn - Zinc <u> </u> mg/l Phosphorus: Total as P <u> </u> mg/l Orthophosphate <u> </u> mg/l Al - Aluminum <u> </u> mg/l Ba - Barium <u> </u> mg/l Ca - Calcium <u> </u> mg/l Cd - Cadmium <u> </u> mg/l Chromium: Total <u> </u> mg/l Cu - Copper <u> </u> mg/l Fe - Iron <u> </u> mg/l Hg - Mercury <u> </u> mg/l K - Potassium <u> </u> mg/l Mg - Magnesium <u> </u> mg/l Mn - Manganese <u> </u> mg/l Ni - Nickel <u> </u> mg/l ORGANICS: (by GC, GC/MS, HPLC) (Specify test and method #. ATTACH LAB REPORT.) Report Attached? <input checked="" type="checkbox"/> Yes <u>(1)</u> <input type="checkbox"/> No <u>(0)</u> VOC <u> </u> , method # <u>8260</u> Pest & Biphenyls <u> </u> , method # <u>8081B / 8082A</u> Grease and Oils <u> </u> , method # <u> </u> Phenol <u> </u> mg/l Sulfate <u> </u> mg/l Specific Conductance <u> </u> µMhos Total Ammonia <u> </u> mg/l <small>(Ammonia Nitrogen: NH₃as N; Ammonia Nitrogen, Total)</small> TKN as N <u> </u> mg/l

For Remediation Systems Only (Attach Lab Reports):

Influent Total VOCs: mg/L Effluent Total VOCs: mg/L VOC Removal%

I certify that, to the best of my knowledge and belief, the information submitted in this report is true, accurate, and complete, and that the laboratory analytical data was produced using approved methods of analysis by a DMC-certified laboratory. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

James Cashwell, P.E., Sr. Associate - Environmental Remediation

 Permittee (or Authorized Agent) Name and Title - Please print or type
 Rev. 1/2007

(Date)

2/10/2015

SUBMIT FORM ON YELLOW PAPER ONLY

GROUNDWATER QUALITY MONITORING: COMPLIANCE REPORT FORM		Mail original and 1 copy to: 1617 MAIL SERVICE CENTER, RALEIGH, NC 27699-1617 Phone: (919) 733-3221																																																																																											
<p>Please Print Clearly or Type</p> <p>FACILITY INFORMATION</p> <p>Facility Name: Geigy Chemical Corporation Site</p> <p>Permit Name (if different):</p> <p>Facility Address: Domino Drive Aberdeen</p> <p>(Street) Contact Person: James Cashwell</p> <p>(City) Telephone#: 423-336-4012</p> <p>Well Location/Site Name:</p> <p>No. of wells to be sampled: _____ (from Permit)</p>																																																																																													
<p>PERMIT Number: Non-Discharge VQ00009949</p> <p>NPDES</p> <p>TYPE OF PERMITTED OPERATION BEING MONITORED</p> <p><input type="checkbox"/> Lagoon <input type="checkbox"/> Remediation: Infiltration Gallery</p> <p><input type="checkbox"/> Spray Field <input checked="" type="checkbox"/> Remediation: Groundwater</p> <p><input type="checkbox"/> Rotary Distributor <input type="checkbox"/> Land Application of Sludge</p> <p><input type="checkbox"/> Water Source Heat Pump <input type="checkbox"/> Other: <input checked="" type="checkbox"/></p>																																																																																													
<p>If WELL WAS DRY at time of sampling, check here: <input checked="" type="checkbox"/></p> <p>SAMPLING INFORMATION</p> <p>WELL ID NUMBER (from Permit): MW-11D</p> <p>Date sample collected: N/A</p> <p>Well Depth: 75.39 ft.</p> <p>Depth to Water Level: DRY ft. below measuring point</p> <p>Measuring Point is _____ ft. above land surface</p> <p>Volume of water pumped/bailed before sampling: _____ gallons</p> <p>Samples for metals were collected unfiltered: <input type="checkbox"/> YES <input type="checkbox"/> NO and field acidified: <input type="checkbox"/> YES <input type="checkbox"/> NO</p>																																																																																													
<p>LABORATORY INFORMATION</p> <p>Date sample analyzed: N/A</p> <p>PARAMETERS NOTE: Values should reflect dissolved and colloidal concentrations.</p> <table> <tr> <td>COD</td> <td>mg/l</td> <td>Nitrite (NO₂) as N</td> <td>mg/l</td> <td>Pb - Lead</td> <td>mg/l</td> </tr> <tr> <td>Coliform: MF Fecal</td> <td>/100ml</td> <td>Nitrate (NO₃) as N</td> <td>mg/l</td> <td>Zn - Zinc</td> <td>mg/l</td> </tr> <tr> <td>Coliform: MF Total</td> <td>/100ml</td> <td>Phosphorus: Total as P</td> <td>mg/l</td> <td colspan="2">Other (Specify Compounds and Concentration Units):</td> </tr> <tr> <td colspan="2">(Note: Use WPR method for highly turbid samples)</td> <td>Orthophosphate</td> <td>mg/l</td> <td>Al - Aluminum</td> <td>mg/l</td> </tr> <tr> <td>Dissolved Solids: Total</td> <td>mg/l</td> <td></td> <td></td> <td>Ba - Barium</td> <td>mg/l</td> </tr> <tr> <td>pH (when analyzed)</td> <td>units</td> <td></td> <td></td> <td>Ca - Calcium</td> <td>mg/l</td> </tr> <tr> <td>TOC</td> <td>mg/l</td> <td></td> <td></td> <td>Cd - Cadmium</td> <td>mg/l</td> </tr> <tr> <td>Chloride</td> <td>mg/l</td> <td></td> <td></td> <td>Chromium: Total</td> <td>mg/l</td> </tr> <tr> <td>Arsenic</td> <td>mg/l</td> <td></td> <td></td> <td>Cu - Copper</td> <td>mg/l</td> </tr> <tr> <td>Grease and Oils</td> <td>mg/l</td> <td></td> <td></td> <td>Fe - Iron</td> <td>mg/l</td> </tr> <tr> <td>Phenol</td> <td>mg/l</td> <td></td> <td></td> <td>Hg - Mercury</td> <td>mg/l</td> </tr> <tr> <td>Sulfate</td> <td>mg/l</td> <td></td> <td></td> <td>K - Potassium</td> <td>mg/l</td> </tr> <tr> <td>Specific Conductance</td> <td>µMhos</td> <td></td> <td></td> <td>Mg - Magnesium</td> <td>mg/l</td> </tr> <tr> <td>Total Ammonia (Ammonia Nitrogen; NH₃ as N; Ammonia Nitrogen, Total)</td> <td>mg/l</td> <td></td> <td></td> <td>Mn - Manganese</td> <td>mg/l</td> </tr> <tr> <td>TKN as N</td> <td>mg/l</td> <td></td> <td></td> <td>Ni - Nickel</td> <td>mg/l</td> </tr> </table> <p>ORGANICS: (by GC, GC/MS, HPLC)</p> <p>(Specify test and method #: ATTACH LAB REPORT.)</p> <p>Report Attached? <input type="checkbox"/> Yes (1) <input checked="" type="checkbox"/> No (0)</p> <p>VOC method # _____</p>				COD	mg/l	Nitrite (NO ₂) as N	mg/l	Pb - Lead	mg/l	Coliform: MF Fecal	/100ml	Nitrate (NO ₃) as N	mg/l	Zn - Zinc	mg/l	Coliform: MF Total	/100ml	Phosphorus: Total as P	mg/l	Other (Specify Compounds and Concentration Units):		(Note: Use WPR method for highly turbid samples)		Orthophosphate	mg/l	Al - Aluminum	mg/l	Dissolved Solids: Total	mg/l			Ba - Barium	mg/l	pH (when analyzed)	units			Ca - Calcium	mg/l	TOC	mg/l			Cd - Cadmium	mg/l	Chloride	mg/l			Chromium: Total	mg/l	Arsenic	mg/l			Cu - Copper	mg/l	Grease and Oils	mg/l			Fe - Iron	mg/l	Phenol	mg/l			Hg - Mercury	mg/l	Sulfate	mg/l			K - Potassium	mg/l	Specific Conductance	µMhos			Mg - Magnesium	mg/l	Total Ammonia (Ammonia Nitrogen; NH ₃ as N; Ammonia Nitrogen, Total)	mg/l			Mn - Manganese	mg/l	TKN as N	mg/l			Ni - Nickel	mg/l
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<p>For Remediation Systems Only (Attach Lab Reports):</p> <p>Influent Total VOCs: _____ mg/L Effluent Total VOCs: _____ mg/L VOC Removal% _____</p>																																																																																													

I certify that, to the best of my knowledge and belief, the information submitted in this report is true, accurate, and complete; and that the laboratory analytical data was produced using approved methods of analysis by a DMC-certified laboratory. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

James Cashwell, P.E., Sr. Associate - Environmental Remediation

Permittee (or Authorized Agent) Name and Title - Please print or type
GW-59 Rev. 1/2007

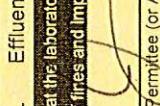
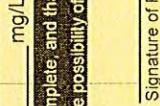
Signature of Permittee (or Authorized Agent)

2/10/2015
(Date)

SUBMIT FORM ON YELLOW PAPER ONLY

GROUNDWATER QUALITY MONITORING: COMPLIANCE REPORT FORM		Mail original and 1 copy to:	DEPARTMENT OF ENVIRONMENT & NATURAL RESOURCES DIVISION OF WATER QUALITY-INFORMATION PROCESSING UNIT 1617 MAIL SERVICE CENTER, RALEIGH, NC 27699-1617 Phone: (919) 733-3221
EACILITY INFORMATION		Please Print Clearly or Type	
Facility Name:	Geigy Chemical Corporation Site		
Permit Name (if different):			
Facility Address: Domino Drive Aberdeen	NC	28315	County Moore
(City)	(State)	(Zip)	
Contact Person: James Cashwell	Telephone#: 423-336-4012		
Well Location/Site Name:	No. of wells to be sampled: <u>2</u> (from Permit)		
SAMPLING INFORMATION		Date sample collected: <u>10/22/14</u>	Expiration Date: <u>05/31/18</u>
WELL ID NUMBER (from Permit):	MW-16D	Well Diameter: <u>2</u> in.	If WELL WAS DRY at time of sampling, check here: <input type="checkbox"/>
Well Depth:	123.57 ft.	Screened Interval: <u>113</u> ft. to <u>123</u> ft.	Temp. <u>15.03</u> °C
Depth to Water Level:	96 ft. below measuring point	Relative M.P. Elevation: <u>487.55</u> ft.	Spec. Cond. <u>41</u> µMhos
Measuring Point is	ft. above land surface		Odor <u>None</u>
Volume of water pumped/bailed before sampling:	<u>2</u> gallons		Appearance <u>Clear</u>
Samples for metals were collected unfiltered:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	and field acidified: <input type="checkbox"/> YES <input type="checkbox"/> NO
LABORATORY INFORMATION		Laboratory Name: Test America	Certification No. <u>269</u>
Date sample analyzed: <u>10/30/14</u>			
PARAMETERS NOTE: Values should reflect dissolved and colloidal concentrations.			
COD	mg/l	Nitrite (NO ₂) as N	mg/l
Coliform: MF Fecal	/100ml	Nitrate (NO ₃) as N	mg/l
Coliform: MF Total	/100ml	Phosphorus: Total as P	mg/l
(Note: Use MPN method for highly turbid samples)			
Dissolved Solids: Total	mg/l	Orthophosphate	mg/l
pH (when analyzed)	units	Al - Aluminum	mg/l
TOC	mg/l	Ba - Barium	mg/l
Chloride	mg/l	Ca - Calcium	mg/l
Arsenic	mg/l	Cd - Cadmium	mg/l
Grease and Oils	mg/l	Chromium: Total	mg/l
Phenol	mg/l	Cu - Copper	mg/l
Sulfate	mg/l	Fe - Iron	mg/l
Specific Conductance	µMhos	Hg - Mercury	mg/l
Total Ammonia (Ammonia Nitrogen; NH ₃ as N; Ammonia Nitrogen, Total)	mg/l	K - Potassium	mg/l
TKN as N	mg/l	Mg - Magnesium	mg/l
		Mn - Manganese	mg/l
		Ni - Nickel	mg/l
For Remediation Systems Only (Attach Lab Reports):		Influent Total VOCs: <u>mg/L</u>	VOC Removal% <u>mg/L</u>
I certify that, to the best of my knowledge and belief, the information submitted in this report is true, accurate, and complete, and that the laboratory analytical data was produced using approved methods of analysis by a DWQ certified laboratory. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.			

James Cashwell, P.E., Sr. Associate - Environmental Remediation
 Permittee (or Authorized Agent) Name and Title - Please print or type
 Rev. 1/2007

Signature of Permittee (or Authorized Agent) 
 Signature of Authorized Agent 
 (Date) 2/10/2015

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EQUIPMENT INFORMATION Facility Name: Geigy Chemical Corporation Site Permit Name (if different): Facility Address: Domino Drive Aberdeen <small>(City)</small> NC 28315 <small>(State)</small> County Moore Telephone#: 423.336.4012 Contact Person: James Cashwell Well Location/Site Name: <small>(from Permit)</small>		Please Print Clearly or Type Non-Discharge <input checked="" type="checkbox"/> WQ0009949 <input type="checkbox"/> UIC NPDES <input type="checkbox"/> Other TYPE OF PERMITTED OPERATION BEING MONITORED <input type="checkbox"/> Lagoon <input type="checkbox"/> Remediation: Infiltration Gallery <input type="checkbox"/> Spray Field <input checked="" type="checkbox"/> Remediation: Groundwater <input type="checkbox"/> Rotary Distributor <input type="checkbox"/> Land Application of Sludge <input type="checkbox"/> Water Source Heat Pump <input type="checkbox"/> Other: <small>If WELL WAS DRY at time of sampling, check here: <input type="checkbox"/></small>		PERMIT Number: 05/31/18 Expiration Date: 05/31/18	
SAMPLING INFORMATION WELL ID NUMBER (from Permit): MW-17D Well Depth: 123.17 ft. Depth to Water Level: 97.86 ft. below measuring point Measuring Point is _____ ft. above land surface Volume of water pumped/bailed before sampling: 3.75 gallons Samples for metals were collected unfiltered: <input type="checkbox"/> YES <input type="checkbox"/> NO and field acidified: <input type="checkbox"/> YES <input type="checkbox"/> NO		Date sample collected: 10/22/14 Well Diameter: 2 in. Screened Interval: 113 ft. to 123 ft. Relative M.P. Elevation: 489.60 ft. Odor None Appearance Clear		FIELD ANALYSES: pH 6.7 units Temp. 14.96 °C Spec. Cond. 41 μMhos	
LABORATORY INFORMATION Date sample analyzed: 10/30/14 NOTE: Values should reflect dissolved and colloidal concentrations. <small>(Note: Use MPN method for highly turbid samples)</small>		Laboratory Name: Test America Certification No. 269			
COD mg/l Coliform: MF Fecal /100ml Coliform: MF Total /100ml <small>(Note: Use MPN method for highly turbid samples)</small>		Nitrite (NO ₂) as N mg/l Nitrate (NO ₃) as N mg/l Phosphorus: Total as P mg/l Orthophosphate mg/l Al - Aluminum mg/l Ba - Barium mg/l Ca - Calcium mg/l Cd - Cadmium mg/l Chromium: Total mg/l Chromium: Copper mg/l Fe - Iron mg/l Hg - Mercury mg/l K - Potassium mg/l ORGANICS: (by GC, GC/MS, HPLC) <small>(Specify test and method #. ATTACH LAB REPORT.)</small>		Pb - Lead mg/l Zn - Zinc mg/l Other (Specify Compounds and Concentration Units): TCE - Results attached	
Dissolved Solids: Total mg/l pH (when analyzed) units TOC mg/l Chloride mg/l Arsenic mg/l Grease and Oils mg/l Phenol mg/l Sulfate mg/l Specific Conductance μMhos Total Ammonia mg/l <small>(Ammonia Nitrogen: NH₃as N; Ammonia Nitrogen, Total)</small> TKN as N mg/l		Cu - Copper mg/l Fe - Iron mg/l Hg - Mercury mg/l K - Potassium mg/l Mg - Magnesium mg/l Mn - Manganese mg/l Ni - Nickel mg/l		VOCs: (by GC, GC/MS, HPLC) <small>(Specify test and method #. ATTACH LAB REPORT.)</small> Report Attached? <input checked="" type="checkbox"/> Yes (1) <input type="checkbox"/> No (0) VOC , method # 8260 , method # _____ , method # _____ , method # _____	
For Remediation Systems Only (Attach Lab Reports): <small>I certify that, to the best of my knowledge and belief, the information submitted in this report is true, accurate, and complete, and that the laboratory analytical data was produced using approved methods of analysis by a DWIC-certified laboratory. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.</small>		Effluent Total VOCs: _____ mg/L VOC Removal% _____			

James Cashwell, P.E., Sr. Associate - Environmental Remediation
 Permittee (or Authorized Agent) Name and Title - Please print or type
 GW-59 Rev. 1/2007

Signature of Permittee (or Authorized Agent)
 2/10/2015
 (Date)

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GROUNDWATER QUALITY MONITORING:		Mail original and 1 copy to:	DEPARTMENT OF ENVIRONMENT & NATURAL RESOURCES DIVISION OF WATER QUALITY, INFORMATION PROCESSING UNIT 1617 MAIL SERVICE CENTER, RALEIGH, NC 27699-1617 Phone: (919) 733-3221																												
FACILITY INFORMATION		Please Print Clearly or Type																													
Facility Name:	Geigy Chemical Corporation Site																														
Permit Name (if different):																															
Facility Address: Domino Drive Aberdeen	(St. #/rt)	NC 28315 (State) (City)	County Moore																												
Contact Person: James Cashwell		Telephone#: 423.336.4012																													
Well Location/Site Name:	No. of wells to be sampled: _____ (from Permit)																														
SAMPLING INFORMATION		<table border="1"> <tr> <td>WELL ID NUMBER (from Permit): MW-18D</td> <td>Date sample collected: 10/21/14</td> <td colspan="2">FIELD ANALYSES:</td> </tr> <tr> <td>Well Depth: 72.36 ft.</td> <td>Well Diameter: 2 in.</td> <td>pH</td> <td>5.5 units</td> </tr> <tr> <td>Depth to Water Level: 59.02 ft. below measuring point</td> <td>Screened Interval: 62.6 ft. to 72.3 ft.</td> <td>Temp.</td> <td>14.86 °C</td> </tr> <tr> <td>Measuring Point is ft. above land surface</td> <td>Relative M.P. Elevation: 447.41 ft.</td> <td>Spec. Cond.</td> <td>82 μMhos</td> </tr> <tr> <td>Volume of water pumped/bailed before sampling: 4.5 gallons</td> <td></td> <td>Odor</td> <td>None</td> </tr> <tr> <td>Samples for metals were collected unfiltered: <input type="checkbox"/> YES</td> <td><input type="checkbox"/> NO</td> <td>Appearance</td> <td>Clear</td> </tr> <tr> <td colspan="2">and field acidified: <input type="checkbox"/> YES <input type="checkbox"/> NO</td> <td colspan="2"></td> </tr> </table>		WELL ID NUMBER (from Permit): MW-18D	Date sample collected: 10/21/14	FIELD ANALYSES:		Well Depth: 72.36 ft.	Well Diameter: 2 in.	pH	5.5 units	Depth to Water Level: 59.02 ft. below measuring point	Screened Interval: 62.6 ft. to 72.3 ft.	Temp.	14.86 °C	Measuring Point is ft. above land surface	Relative M.P. Elevation: 447.41 ft.	Spec. Cond.	82 μ Mhos	Volume of water pumped/bailed before sampling: 4.5 gallons		Odor	None	Samples for metals were collected unfiltered: <input type="checkbox"/> YES	<input type="checkbox"/> NO	Appearance	Clear	and field acidified: <input type="checkbox"/> YES <input type="checkbox"/> NO			
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and field acidified: <input type="checkbox"/> YES <input type="checkbox"/> NO																															
LABORATORY INFORMATION		Laboratory Name: Test America	Certification No. 269																												
Date sample analyzed: 10/24/14 - PEST / 10/28/14 - TCE PARAMETERS NOTE: Values should reflect dissolved and colloidal concentrations.																															
COD	mg/l	Pb - Lead	mg/l																												
Coliform: MF Fecal	/100ml	Zn - Zinc	mg/l																												
Coliform: MF Total	/100ml	Other (Specify Compounds and Concentration Units):																													
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Sulfate	mg/l	Hg - Mercury	mg/l																												
Specific Conductance	μ Mhos	K - Potassium	mg/l																												
Total Ammonia (Ammonia Nitrogen; NH ₃ as N; Ammonia Nitrogen, Total)	mg/l	Mg - Magnesium	mg/l																												
TKN as N	mg/l	Mn - Manganese	mg/l																												
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For Remediation Systems Only (Attach Lab Reports):		Influent Total VOCs: _____ mg/L	VOC Removal% _____																												

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James Cashwell, P.E., Sr. Associate - Environmental Remediation

Permittee (or Authorized Agent) Name and Title - Please print or type
GW-59 Rev. 1/2007

Signature of Permittee (or Authorized Agent)
[Signature]

Date
2/18/2015

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GROUNDWATER QUALITY MONITORING: COMPLIANCE REPORT FORM		DEPARTMENT OF ENVIRONMENT & NATURAL RESOURCES DIVISION OF WATER QUALITY-INFORMATION PROCESSING UNIT	
EQUIPMENT INFORMATION Facility Name: Geigy Chemical Corporation Site Permit Name (if different): Facility Address: Domino Drive Aberdeen (Street) (City) NC 28315 (State) (Zip) Contact Person: James Cashwell Well Location/Site Name: Telephone#: 423.336.4012 No. of wells to be sampled: _____ <small>(from Permit)</small>		Mail original and 1 copy to: 1617 MAIL SERVICE CENTER, RALEIGH, NC 27699-1617 Phone: (919) 733-3221 Expiration Date: 05/31/18 PERMIT Number: Non-Discharge WQ0009949 UIC _____ NPDES Other _____ TYPE OF PERMITTED OPERATION BEING MONITORED <input type="checkbox"/> Lagoon <input type="checkbox"/> Spray Field <input type="checkbox"/> Rotary Distributor <input type="checkbox"/> Water Source Heat Pump <input type="checkbox"/> Other: _____ <input type="checkbox"/> Remediation: Infiltration Gallery <input checked="" type="checkbox"/> Remediation: Groundwater <input type="checkbox"/> Land Application of Sludge <small>If WELL WAS DRY at time of sampling, check here: <input type="checkbox"/></small>	
SAMPLING INFORMATION WELL ID NUMBER (from Permit): MW-20D DRY ft. Well Depth: 37.98 ft. below measuring point Depth to Water Level: _____ ft. above land surface Measuring Point is _____ ft. above land surface Volume of water pumped/bailed before sampling: _____ gallons Samples for metals were collected unfiltered: <input type="checkbox"/> YES <input type="checkbox"/> NO and field acidified: <input type="checkbox"/> YES <input type="checkbox"/> NO		Date sample collected: N/A Well Diameter: <u>2</u> in. Screened Interval: <u>37.4</u> ft. to <u>47.4</u> ft. Relative M.P. Elevation: <u>421.24</u> ft.	FIELD ANALYSES: pH _____ units Spec. Cond. _____ μMhos Odor None Appearance Clear
LABORATORY INFORMATION Date samples analyzed: N/A		Laboratory Name: Test America Certification No. 269	
PARAMETERS NOTE: Values should reflect dissolved and colloidal concentrations.			
COD mg/l Coliform: MF Fecal _____ /100ml Coliform: MF Total _____ /100ml <small>(Note: Use MPN method for highly turbid samples)</small>			
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Nitrite (NO_2) as N mg/l Nitrate (NO_3) as N mg/l Phosphorus: Total as P mg/l Orthophosphate mg/l Al - Aluminum mg/l Ba - Barium mg/l Ca - Calcium mg/l Cd - Cadmium mg/l Chromium: Total mg/l Chromium: Copper mg/l Fe - Iron mg/l Hg - Mercury mg/l K - Potassium mg/l ORGANICS: (by GC, GC/MS, HPLC) <small>(Specify test and method #. ATTACH LAB REPORT.)</small> Report Attached? <input type="checkbox"/> Yes (1) <input checked="" type="checkbox"/> No (0) VOC method # _____ Mg - Magnesium mg/l Mn - Manganese mg/l Ni - Nickel mg/l			
Effluent Total VOCs: _____ mg/L VOC Removal% _____ <small>I certify that, to the best of my knowledge and belief, the information submitted in this report is true, accurate, and complete, and that the laboratory analytical data was produced using approved methods of analysis by a DWIC-certified laboratory. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.</small>			

For Remediation Systems Only (Attach Lab Reports): _____
 Signature of Permittee (or Authorized Agent) _____
 (Date) _____

James Cashwell, P.E., Sr. Associate - Environmental Remediation
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 Rev. 1/2007

SUBMIT FORM ON YELLOW PAPER ONLY

GROUNDWATER QUALITY MONITORING:
COMPLIANCE REPORT FORM

Please Print Clearly or Type

**Mail original
and 1 copy to:**DEPARTMENT OF ENVIRONMENT & NATURAL RESOURCES
DIVISION OF WATER QUALITY-INFORMATION PROCESSING UNIT
1617 MAIL SERVICE CENTER, RALEIGH, NC 27699-1617 Phone: (919) 733-3221

Facility Name: Geigy Chemical Corporation Site

Permit Name (if different):

Facility Address: Domino Drive
Aberdeen
(Street)
(City)
(State)

Telephone#: 423.336.4012

No. of wells to be sampled: _____
(from Permit)

SAMPLING INFORMATION

WELL ID NUMBER (from Permit): MW-26D

Date sample collected: 10/23/14
Well Depth: 27.35 ft.

Depth to Water Level: 8.17 ft. below measuring point

Measuring Point is ft. above land surface

Volume of water pumped/bailed before sampling: 3.5 gallons

Samples for metals were collected unfiltered: YES NOand field acidified: YES NO

LABORATORY INFORMATION

Date sample analyzed: 10/28/14

NOTE: Values should reflect dissolved and colloidal concentrations.

COD mg/l

Coliform: MF Fecal /100ml

Coliform: MF Total /100ml

(Note: Use MPN method for highly turbid samples)

Dissolved Solids: Total mg/l

pH (when analyzed) units

TOC mg/l

Chloride mg/l

Arsenic mg/l

Grease and Oils mg/l

Phenol mg/l

Sulfate mg/l

Specific Conductance μMhos Total Ammonia (Ammonia Nitrogen; NH₃ as N; Ammonia Nitrogen, Total) mg/l

TKN as N mg/l

FIELD ANALYSES:

Well Diameter: 2 in.

Screened Interval: 17.3 ft. to 27.3 ft.

Relative M.P. Elevation: 378.95 ft.

Odor None

Appearance Clear

Temp. 13.34 °C

 μMhos 67

pH 6.0 units

Spec. Cond. 67

Pb - Lead mg/l

Zn - Zinc mg/l

Other (Specify Compounds and Concentration Units):

TCL Pesticides - Results attached

Orthophosphate mg/l

Al - Aluminum mg/l

Ba - Barium mg/l

Ca - Calcium mg/l

Cd - Cadmium mg/l

Chromium: Total mg/l

Cu - Copper mg/l

Fe - Iron mg/l

Hg - Mercury mg/l

K - Potassium mg/l

Organics: (by GC, GC/MS, HPLC)

(Specify test and method #. ATTACH LAB REPORT.)

Report Attached? Yes (1) No (0)

Fest & Biphenyls , method # 8081B / 8082A

Mg - Magnesium mg/l

Mn - Manganese mg/l

Ni - Nickel mg/l

For Remediation Systems Only (Attach Lab Reports):

Influent Total VOCs: _____ mg/L

VOC Removal %

I certify that, to the best of my knowledge and belief, the information submitted in this report is true, accurate, and complete, and that the laboratory analytical data was produced using approved methods of analysis by a DWQ-certified laboratory. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

James Cashwell, P.E., Sr. Associate - Environmental Remediation

Permittee (or Authorized Agent) Name and Title - Please print or type

(Date)

Rev. 1/2007

2/10/2015

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FACILITY INFORMATION				
Facility Name:	Geigy Chemical Corporation Site			
Permit Name (if different):				
Facility Address:	Domino Drive (Street)	NC (State)	28315 (Zip)	County Moore
Contact Person:	James Cashwell (City)		Telephone#: 423.336.4012	
Well Location/Site Name:	No. of wells to be sampled: _____ <small>(from Permit)</small>			
SAMPLING INFORMATION				
WELL ID NUMBER (from Permit):	MW-22L			
Well Depth:	145.20 ft.			
Depth to Water Level:	71.25 ft. below measuring point			
Measuring Point is	ft. above land surface			
Volume of water pumped/bailed before sampling:	6 gallons			
Samples for metals were collected unfiltered:	<input type="checkbox"/> YES <input type="checkbox"/> NO and field acidified: <input type="checkbox"/> YES <input type="checkbox"/> NO			
LABORATORY INFORMATION				
Date sample analyzed:	10/28/14			
PARAMETERS	NOTE: Values should reflect dissolved and colloidal concentrations.			
COD	mg/l			
Coliform: MF Fecal	/100ml			
Coliform: MF Total	/100ml			
(Note: Use MPN method for highly turbid samples)				
Dissolved Solids: Total	mg/l			
pH (when analyzed)	units			
TOC	mg/l			
Chloride	mg/l			
Arsenic	mg/l			
Grease and Oils	mg/l			
Phenol	mg/l			
Sulfate	mg/l			
Specific Conductance	µMhos			
Total Ammonia (Ammonia Nitrogen; NH ₃ as N; Ammonia Nitrogen, Total)	mg/l			
TKN as N	mg/l			
For Remediation Systems Only (Attach Lab Reports):		Influent Total VOCs: _____ mg/L Effluent Total VOCs: _____ mg/L VOC Removal% _____		
<p>I certify, to the best of my knowledge and belief, the information submitted in this report is true, accurate, and complete, and that the laboratory analytical data was produced using approved methods of analysis by a DWIC-certified laboratory. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.</p>				

James Cashwell, P.E., Sr. Associate - Environmental Remediation
 Permittee (or Authorized Agent) Name and Title - Please print or type
 Rev. 1/2007

GWV-59
 2/10/2015
 Signature of Permittee (or Authorized Agent)

2/10/2015
 (Date)
 Signature of Authorized Agent

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SAMPLING INFORMATION		<p>WELL ID NUMBER (from Permit): MW-25L</p> <p>Well Depth: 74.60 ft.</p> <p>Depth to Water Level: 27.18 ft. below measuring point</p> <p>Measuring Point is _____ ft. above land surface</p> <p>Volume of water pumped/pailed before sampling: 6 gallons</p> <p>Samples for metals were collected unfiltered: <input type="checkbox"/> YES <input type="checkbox"/> NO and field acidified: <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>Date sample collected: 10/23/14</p> <p>Well Diameter: 2 in.</p> <p>Screened Interval: 64.6 ft. to 74.6 ft.</p> <p>Relative M.P. Elevation: 384.63 ft.</p> <p>Laboratory Name: Test America</p>																																																																																																						
LABORATORY INFORMATION		<p>Date sample analyzed: 10/28/14</p> <p>PARAMETERS NOTE: Values should reflect dissolved and colloidal concentrations.</p> <table> <tr> <td>COD</td> <td>mg/l</td> <td>Nitrite (NO₂) as N</td> <td>mg/l</td> <td>Pb - Lead</td> <td>mg/l</td> </tr> <tr> <td>Coliform: MF Fecal</td> <td>/100ml</td> <td>Nitrate (NO₃) as N</td> <td>mg/l</td> <td>Zn - Zinc</td> <td>mg/l</td> </tr> <tr> <td>Coliform: MF Total</td> <td>/100ml</td> <td>Phosphorus: Total as P</td> <td>mg/l</td> <td></td> <td></td> </tr> <tr> <td colspan="6">(Note: Use MPN method for highly turbid samples)</td> </tr> <tr> <td>Dissolved Solids: Total</td> <td>mg/l</td> <td>Orthophosphate</td> <td>mg/l</td> <td colspan="2">Other (Specify Compounds and Concentration Units):</td> </tr> <tr> <td>pH (when analyzed)</td> <td>units</td> <td>Al - Aluminum</td> <td>mg/l</td> <td colspan="2">TCL Pesticides - Results attached</td> </tr> <tr> <td>TOC</td> <td>mg/l</td> <td>Ba - Barium</td> <td>mg/l</td> <td colspan="2"></td> </tr> <tr> <td>Chloride</td> <td>mg/l</td> <td>Ca - Calcium</td> <td>mg/l</td> <td colspan="2"></td> </tr> <tr> <td>Arsenic</td> <td>mg/l</td> <td>Cd - Cadmium</td> <td>mg/l</td> <td colspan="2"></td> </tr> <tr> <td>Grease and Oils</td> <td>mg/l</td> <td>Chromium: Total</td> <td>mg/l</td> <td colspan="2"></td> </tr> <tr> <td>Phenol</td> <td>mg/l</td> <td>Cu - Copper</td> <td>mg/l</td> <td colspan="2">ORGANICS (by GC, GC/MS, HPLC)</td> </tr> <tr> <td>Sulfate</td> <td>mg/l</td> <td>Fe - Iron</td> <td>mg/l</td> <td colspan="2">(Specify test and method #. ATTACH LAB REPORT.)</td> </tr> <tr> <td>Specific Conductance</td> <td>µMhos</td> <td>Hg - Mercury</td> <td>mg/l</td> <td colspan="2">Report Attached? <input checked="" type="checkbox"/> Yes (1) <input type="checkbox"/> No (0)</td> </tr> <tr> <td>Total Ammonia</td> <td>mg/l</td> <td>K - Potassium</td> <td>mg/l</td> <td colspan="2">Pest & Biphenyls _____, method # 8081B / 8082A</td> </tr> <tr> <td>(Ammonia Nitrogen; NH₃ as N; Ammonia Nitrogen, Total)</td> <td>mg/l</td> <td>Mg - Magnesium</td> <td>mg/l</td> <td colspan="2"></td> </tr> <tr> <td>TKN as N</td> <td>mg/l</td> <td>Mn - Manganese</td> <td>mg/l</td> <td colspan="2"></td> </tr> <tr> <td></td> <td></td> <td>Ni - Nickel</td> <td>mg/l</td> <td colspan="2"></td> </tr> </table>		COD	mg/l	Nitrite (NO ₂) as N	mg/l	Pb - Lead	mg/l	Coliform: MF Fecal	/100ml	Nitrate (NO ₃) as N	mg/l	Zn - Zinc	mg/l	Coliform: MF Total	/100ml	Phosphorus: Total as P	mg/l			(Note: Use MPN method for highly turbid samples)						Dissolved Solids: Total	mg/l	Orthophosphate	mg/l	Other (Specify Compounds and Concentration Units):		pH (when analyzed)	units	Al - Aluminum	mg/l	TCL Pesticides - Results attached		TOC	mg/l	Ba - Barium	mg/l			Chloride	mg/l	Ca - Calcium	mg/l			Arsenic	mg/l	Cd - Cadmium	mg/l			Grease and Oils	mg/l	Chromium: Total	mg/l			Phenol	mg/l	Cu - Copper	mg/l	ORGANICS (by GC, GC/MS, HPLC)		Sulfate	mg/l	Fe - Iron	mg/l	(Specify test and method #. ATTACH LAB REPORT.)		Specific Conductance	µMhos	Hg - Mercury	mg/l	Report Attached? <input checked="" type="checkbox"/> Yes (1) <input type="checkbox"/> No (0)		Total Ammonia	mg/l	K - Potassium	mg/l	Pest & Biphenyls _____, method # 8081B / 8082A		(Ammonia Nitrogen; NH ₃ as N; Ammonia Nitrogen, Total)	mg/l	Mg - Magnesium	mg/l			TKN as N	mg/l	Mn - Manganese	mg/l					Ni - Nickel	mg/l		
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James Cashwell, P.E., Sr. Associate - Environmental Remediation
 Permittee (or Authorized Agent) Name and Title - Please print or type
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 GV-59

Signature of Permittee (or Authorized Agent)
 2/10/2015
 (Date)

Expiration Date: 05/31/18
 PERMIT Number: WQ0009949
 Non-Discharge UIC
 NPDES Other
 TYPE OF PERMITTED OPERATION BEING MONITORED
 Lagoon
 Spray Field
 Rotary Distributor
 Water Source Heat Pump
 Land Application of Sludge
 Other: _____
If WELL WAS DRY at time of sampling, check here:

□ Remediation: Infiltration Gallery
 Remediation: Groundwater
 Remediation: Other: _____

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EASILITY INFORMATION Facility Name: <u>Geigy Chemical Corporation Site</u> Permit Name (if different): _____ Facility Address: <u>Domino Drive</u> <u>Aberdeen</u> <small>(City)</small> <u>NC</u> <small>(State)</small> <u>28315</u> <small>(Zip)</small> Contact Person: <u>James Cashwell</u> Well Location/Site Name: _____		POLYGRAPHIC Facility ID: _____ Facility Name: _____ Facility Address: _____ Contact Person: _____ Well Location/Site Name: _____	PERMIT NUMBER: <u>WQ00009949</u> NPDES _____ TYPE OF PERMITTED OPERATION BEING MONITORED <input type="checkbox"/> Lagoon <input type="checkbox"/> Spray Field <input type="checkbox"/> Rotary Distributor <input type="checkbox"/> Water Source Heat Pump <input type="checkbox"/> Other: _____	EXPIRATION DATE: <u>05/31/18</u> UIC _____ Other _____
SAMPLING INFORMATION WELL ID NUMBER (from Permit): <u>MW-27L</u> Well Depth: <u>86.54 ft.</u> Depth to Water Level: <u>35.90 ft.</u> below measuring point Measuring Point is _____ ft. above land surface Volume of water pumped/bailed before sampling: <u>5.5 gallons</u> Samples for metals were collected unfiltered: <input type="checkbox"/> YES <input type="checkbox"/> NO and field acidified: <input type="checkbox"/> YES <input type="checkbox"/> NO		DATE SAMPLE COLLECTED: <u>10/22/14</u> WELL DIAMETER: <u>2 in.</u> SCREENED INTERVAL: <u>76.5 ft.</u> to <u>86.5 ft.</u> RELATIVE M.P. ELEVATION: <u>397.13 ft.</u>	FIELD ANALYSES: pH <u>6.06</u> units SPEC. COND. <u>91</u> μ Mhos ODOR <u>None</u> APPEARANCE <u>Clear</u>	IF WELL WAS DRY AT TIME OF SAMPLING, CHECK HERE: <input type="checkbox"/>
LABORATORY INFORMATION Date sample analyzed: <u>10/28/14</u>		Laboratory Name: <u>Test America</u> Certification No. <u>269</u>		
PARAMETERS <small>NOTE: Values should reflect dissolved and colloidal concentrations.</small> <small>(Note: Use MPN method for highly turbid samples)</small>		Nitrite (NO_2) as N <u>mg/l</u> Nitrate (NO_3) as N <u>mg/l</u> Phosphorus: Total as P <u>mg/l</u> Orthophosphate <u>mg/l</u> Al - Aluminum <u>mg/l</u> Ba - Barium <u>mg/l</u> Ca - Calcium <u>mg/l</u> Cd - Cadmium <u>mg/l</u> Chromium: Total <u>mg/l</u> Cu - Copper <u>mg/l</u> Fe - Iron <u>mg/l</u> Hg - Mercury <u>mg/l</u> K - Potassium <u>mg/l</u> ORGANICS: by GC, GC/MS, HPLC <small>(Specify test and method #. ATTACH LAB REPORT.)</small> Report Attached? <input checked="" type="checkbox"/> Yes (1) <input type="checkbox"/> No (0) Pest & Biphenyls, method # <u>8081B / 8082A</u>		
Dissolved Solids: Total <u>mg/l</u> pH (when analyzed) <u>units</u> TOC <u>mg/l</u> Chloride <u>mg/l</u> Arsenic <u>mg/l</u> Grease and Oils <u>mg/l</u> Phenol <u>mg/l</u> Sulfate <u>mg/l</u> Specific Conductance <u>μMhos</u> Total Ammonia <u>mg/l</u> <small>(Ammonia Nitrogen; $\text{NH}_3\text{as N}$; Ammonia Nitrogen, Total)</small>		Mg - Magnesium <u>mg/l</u> Mn - Manganese <u>mg/l</u> Ni - Nickel <u>mg/l</u> mg/l, method # _____ mg/l, method # _____ mg/l, method # _____		
		Influent Total VOCs: <u>mg/L</u> <input type="checkbox"/> Effluent Total VOCs: <u>mg/L</u> <input type="checkbox"/> VOC Removal% <u>%</u>		

I certify that, to the best of my knowledge and belief, the information submitted in this report is true, accurate, and complete, and that the laboratory analytical data was produced using approved methods of analysis by a DWQ Certified Laboratory. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

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FACILITY INFORMATION Facility Name: Geigy Chemical Corporation Site Permit Name (if different): _____ Facility Address: Domino Drive Aberdeen (City) _____ (State) NC _____ (Zip) 28315 Contact Person: James Cashwell Well Location/Site Name: _____ Telephone#: 423.336.4012 No. of wells to be sampled: _____ <small>(from Permit)</small>		Mail original and 1 copy to: PERMIT Number: _____ Non-Discharge WQ00009949 UIC _____ NPDES Other _____ TYPE OF PERMITTED OPERATION BEING MONITORED <input type="checkbox"/> Lagoon <input type="checkbox"/> Spray Field <input type="checkbox"/> Rotary Distributor <input type="checkbox"/> Water Source Heat Pump <input type="checkbox"/> Other: _____ <small>If WELL WAS DRY at time of sampling, check here: <input type="checkbox"/></small>	Expiration Date: 05/31/18 <small>If WELL WAS DRY at time of sampling, check here: <input type="checkbox"/></small>	
SAMPLING INFORMATION WELL ID NUMBER (from Permit): MW-31L Well Depth: 22.0 ft. Depth to Water Level: 3.52 ft. below measuring point Measuring Point is _____ ft. above land surface Volume of water pumped/bailed before sampling: 8 gallons Samples for metals were collected unfiltered: <input type="checkbox"/> YES <input type="checkbox"/> NO and field acidified: <input type="checkbox"/> YES <input type="checkbox"/> NO		Date sample collected: 10/23/14 Well Diameter: 2 in. Screened Interval: 12.0 ft. to 22. ft. Relative M.P. Elevation: 332.68 ft. Appearance Clear	FIELD ANALYSES: pH 7.3 units Temp. 22.40 °C Spec. Cond. 66 µMhos Odor None	
LABORATORY INFORMATION Date sample analyzed: 10/28/14		Laboratory Name: Test America	Certification No. 269	
PARAMETERS NOTE: Values should reflect dissolved and colloidal concentrations. COD mg/l Coliform: MF Fecal /100ml Coliform: MF Total /100ml <small>(Note: Use MPN method for highly turbid samples)</small> Dissolved Solids: Total mg/l pH (when analyzed) units TOC mg/l Chloride mg/l Arsenic mg/l Grease and Oils mg/l Phenol mg/l Sulfate mg/l Specific Conductance µMhos Total Ammonia (Ammonia Nitrogen; NH ₃ as N; Ammonia Nitrogen, Total) mg/l TKN as N mg/l				
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ORGANICS: (by GC, GC/MS, HPLC) (Specify test and method #. ATTACH LAB REPORT.) Report Attached? <input checked="" type="checkbox"/> Yes (1) <input type="checkbox"/> No (0) Pest & Biphenyls, method # 8081B / 8082A mg/l mg/l mg/l mg/l				
Effluent Total VOCs: _____ mg/L VOC Removal% _____ <small>I certify that, to the best of my knowledge and belief, the information submitted in this report is true, accurate, and complete, and that the laboratory analytical data was produced using approved methods of analysis by a DWQ certified laboratory. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.</small>				

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James Cashwell, P.E., Sr. Associate - Environmental Remediation

Signature of Permittee (or Authorized Agent)

2/15/2015
(Date)

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FACILITY INFORMATION Facility Name: <u>Geigy Chemical Corporation Site</u> Permit Name (if different): _____ Facility Address: <u>Domino Drive</u> <u>Aberdeen</u> <u>(City)</u> <u>NC</u> <u>28315</u> <u>{State}</u> County <u>Moore</u> Contact Person: <u>James Cashwell</u> Telephone#: <u>423.336.4012</u> Well Location/Site Name: _____ No. of wells to be sampled: <u>(from Permit)</u>		PERMIT Number: Non-Discharge <u>WQ00009949</u> <input type="checkbox"/> UIC <input checked="" type="checkbox"/> NPDES TYPE OF PERMITTED OPERATION BEING MONITORED <input type="checkbox"/> Lagoon <input type="checkbox"/> Remediation: Infiltration Gallery <input type="checkbox"/> Spray Field <input checked="" type="checkbox"/> Remediation: Groundwater <input type="checkbox"/> Rotary Distributor <input type="checkbox"/> Land Application of Sludge <input type="checkbox"/> Water Source Heat Pump <input type="checkbox"/> Other: _____	Expiration Date: <u>05/31/18</u> <small>If WELL WAS DRY at time of sampling, check here: <input type="checkbox"/></small>
SAMPLING INFORMATION WELL ID NUMBER (from Permit): <u>MW-32L</u> Well Depth: <u>26.99 ft.</u> Depth to Water Level: <u>4.39 ft.</u> below measuring point Measuring Point is <u>ft.</u> above land surface Volume of water pumped/bailed before sampling: <u>1 gallons</u> Samples for metals were collected unfiltered: <input type="checkbox"/> YES <input type="checkbox"/> NO and field acidified: <input type="checkbox"/> YES <input type="checkbox"/> NO		FIELD ANALYSES: Date sample collected: <u>10/23/14</u> Well Diameter: <u>2 in.</u> Screened Interval: <u>16.9 ft.</u> to <u>26.9 ft.</u> Relative M.P. Elevation: <u>322.45 ft.</u> Laboratory Name: <u>Test America</u> Certification No. <u>269</u>	pH <u>8.98</u> units Temp. <u>17.16</u> °C Spec. Cond. <u>43</u> µMhos Odor <u>Septic Odor</u> Appearance _____
LABORATORY INFORMATION Date sample analyzed: <u>10/29/14</u>		Nitrite (NO_2) as N <u>mg/l</u> Nitrate (NO_3) as N <u>mg/l</u> Phosphorus: Total as P <u>mg/l</u> Orthophosphate <u>mg/l</u> Al - Aluminum <u>mg/l</u> Ba - Barium <u>mg/l</u> Ca - Calcium <u>mg/l</u> Cd - Cadmium <u>mg/l</u> Chromium: Total <u>mg/l</u> Cu - Copper <u>mg/l</u> Fe - Iron <u>mg/l</u> Hg - Mercury <u>mg/l</u> K - Potassium <u>mg/l</u> ORGANICS: (by GC, GC/MS, HPLC) (Specify test and method #. ATTACH LAB REPORT.) Report Attached? <input checked="" type="checkbox"/> Yes (1) <input type="checkbox"/> No (0) Pest & Biphenyls, method # <u>8081B / 8082A</u>	Pb - Lead <u>mg/l</u> Zn - Zinc <u>mg/l</u> Other (Specify Compounds and Concentration Units): TCL Pesticides - Results attached
PARAMETERS NOTE: Values should reflect dissolved and colloidal concentrations. COD <u>mg/l</u> Coliform: MF Fecal <u>/100ml</u> Coliform: MF Total <u>/100ml</u> <small>(Note: Use MPN method for highly turbid samples)</small>		Dissolved Solids: Total <u>mg/l</u> pH (when analyzed) <u>units</u> TOC <u>mg/l</u> Chloride <u>mg/l</u> Arsenic <u>mg/l</u> Grease and Oils <u>mg/l</u> Phenol <u>mg/l</u> Sulfate <u>mg/l</u> Specific Conductance <u>µMhos</u> Total Ammonia <u>mg/l</u> <small>(Ammonia Nitrogen: $\text{NH}_3\text{as N}$; Ammonia Nitrogen, Total) TKN as N <u>mg/l</u> </small>	Effluent Total VOCs: <u>mg/L</u> Effluent Total VOCs: <u>mg/L</u> VOC Removal% <u>_____</u>

For Remediation Systems Only (Attach Lab Reports):

I certify that, to the best of my knowledge and belief, the information submitted in this report is true, accurate, and complete, and that the laboratory analytical data was produced using approved methods of analysis by a DWQ certified laboratory. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

James Cashwell, P.E., Sr. Associate - Environmental Remediation

 Permittee (or Authorized Agent) Name and Title - Please print or type
 GW-59 Rev. 1/2007

 Signature of Permittee (or Authorized Agent)

(Date)

 2/17/2015

SUBMIT FORM ON YELLOW PAPER ONLY

**GROUNDWATER QUALITY MONITORING:
COMPLIANCE REPORT FORM**

Please Print Clearly or Type

Geigy Chemical Corporation Site

Facility Name:

Permit Name (if different):

Facility Address: Domino Drive

Aberdeen

(City)

NC

28315

(State)

County Moore

(County)

Contact Person: James Cashwell

Well Location/Site Name:

Telephone#: 423.336.4012

No. of wells to be sampled:

(from Permit)

SAMPLING INFORMATION

WELL ID NUMBER (from Permit): MW-36L

Date sample collected: 10/22/14

Well Depth: 106.0 ft.

Well Diameter: 2 in.

Screened Interval: 96.0 ft. to 106 ft.

Measuring Point is 414.18 ft.

Relative M.P. Elevation: 4 gallons

Volume of water pumped/bailed before sampling: 4

Samples for metals were collected unfiltered: YESSamples for metals were collected filtered: NOand field acidified: YES NO

LABORATORY INFORMATION

Date sample analyzed: 10/28/14

Laboratory Name: Test America

Certification No. 269

PARAMETERS NOTE: Values should reflect dissolved and colloidal concentrations.

Nitrite (NO₂) as N mg/lNitrate (NO₃) as N mg/l

Phosphorus: Total as P mg/l

Orthophosphate mg/l

Al - Aluminum mg/l

Ba - Barium mg/l

Ca - Calcium mg/l

Cd - Cadmium mg/l

Chromium: Total mg/l

Cu - Copper mg/l

Fe - Iron mg/l

Hg - Mercury mg/l

K - Potassium mg/l

Organics: (by GC, GC/MS, HPLC)

(Specify test and method #: ATTACH LAB REPORT.)

Report Attached? Yes (1) No (0)

Pest & Biphenyls method # 8081B / 8082A

Mg - Magnesium mg/l

Mn - Manganese mg/l

Ni - Nickel mg/l

TKN as N mg/l

Total VOCs: mg/L

Effluent Total VOCs: mg/L

VOC Removal% _____

For Remediation Systems Only (Attach Lab Reports):

(Date)

2/19/2015

Signature of Permittee (or Authorized Agent)

Permittee (or Authorized Agent) Name and Title - Please print or type

Rev. 1/2007

GW-59

I certify that to the best of my knowledge and belief, the information submitted in this report is true, accurate, and complete, and that the laboratory analytical data was produced using approved methods of analysis by a DWQ-certified laboratory. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

SUBMIT FORM ON YELLOW PAPER ONLY

GROUNDWATER QUALITY MONITORING: COMPLIANCE REPORT FORM		Mail original and 1 copy to: Geigy Chemical Corporation Site		DEPARTMENT OF ENVIRONMENT & NATURAL RESOURCES DIVISION OF WATER QUALITY-INFORMATION PROCESSING UNIT 1617 MAIL SERVICE CENTER, RALEIGH, NC 27699-1617 Phone: (919) 733-3221	
FACILITY INFORMATION		Please Print Clearly or Type			
Facility Name:	Geigy Chemical Corporation Site				
Permit Name (if different):					
Facility Address: Domino Drive Aberdeen	(Street)	NC 28315 (Zip)	County Moore		
Contact Person: James Cashwell			Telephone#: 423-336-4012		
Well Location/Site Name:			No. of wells to be sampled: _____ (from Permit)		
SAMPLING INFORMATION		Date sample collected: 10/23/14	FIELD ANALYSES:		
WELL ID NUMBER (from Permit): MW-37L	Well Depth: 46.18 ft.	Well Diameter: <u>2</u> in.	pH 7.31 units	Temp. 14.83 °C	
Depth to Water Level: 13.02 ft. below measuring point	Measuring Point is _____ ft. above land surface	Screened Interval: 36.1 ft. to 46.1 ft.	Spec. Cond. 39 μ Mhos		
Volume of water pumped/bailed before sampling: 2,65 gallons	Relative M.P. Elevation: 354.86 ft.	Odor None	Appearance Clear		
Samples for metals were collected unfiltered: <input type="checkbox"/> YES	<input type="checkbox"/> NO	and field acidified: <input type="checkbox"/> YES	<input type="checkbox"/> NO		
LABORATORY INFORMATION		Laboratory Name: Test America	Certification No. 269		
Date sample analyzed: 10/29/14					
PARAMETERS NOTE: Values should reflect dissolved and colloidal concentrations.					
COD	mg/l	Nitrite (NO_2) as N	mg/l	Pb - Lead	mg/l
Coliform: MF Fecal	/100ml	Nitrate (NO_3) as N	mg/l	Zn - Zinc	mg/l
Coliform: MF Total	/100ml	Phosphorus: Total as P	mg/l	Other (Specify Compounds and Concentration Units):	
(Note: Use MPN method for highly turbid samples)		Orthophosphate	mg/l	TCL Pesticides - Results attached	
Dissolved Solids: Total	mg/l	Al - Aluminum	mg/l		
pH (when analyzed)	units	Ba - Barium	mg/l		
TOC	mg/l	Ca - Calcium	mg/l		
Chloride	mg/l	Cd - Cadmium	mg/l		
Arsenic	mg/l	Chromium: Total	mg/l		
Grease and Oils	mg/l	Cu - Copper	mg/l	ORGANICS: (by GC, GC/MS, HPLC)	
Phenol	mg/l	Fe - Iron	mg/l	(Specify test and method #: ATTACH LAB REPORT.)	
Sulfate	mg/l	Hg - Mercury	mg/l	Report Attached? <input checked="" type="checkbox"/> Yes (1) <input type="checkbox"/> No (0)	
Specific Conductance	μMhos	K - Potassium	mg/l	Pest & Biphenyls, method # 8081B / 8082A	
Total Ammonia (Ammonia Nitrogen: $\text{NH}_3\text{ as N}$; Ammonia Nitrogen, Total)	mg/l	Mg - Magnesium	mg/l		
TKN as N	mg/l	Mn - Manganese	mg/l		
		Ni - Nickel	mg/l		
For Remediation Systems Only (Attach Lab Reports):		Influent Total VOCs: _____ mg/L	Effluent Total VOCs: _____ mg/L	VOC Removal %	_____

I certify that to the best of my knowledge and belief, the information submitted in this report is true, accurate, and complete, and that the laboratory analytical data was produced using approved methods of analysis by a DWQ-certified laboratory. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

James Cashwell, P.E., Sr. Associate - Environmental Remediation

Permittee (or Authorized Agent) Name and Title: Please print or type
Rev. 1/2007

Signature of Permittee (or Authorized Agent)

2/17/2015
(Date)

SUBMIT FORM ON YELLOW PAPER ONLY

GROUNDWATER QUALITY MONITORING: COMPLIANCE REPORT FORM		Please Print Clearly or Type	Mail original and 1 copy to:	DEPARTMENT OF ENVIRONMENT & NATURAL RESOURCES DIVISION OF WATER QUALITY-INFORMATION PROCESSING UNIT 1817 MAIL SERVICE CENTER, RALEIGH, NC 27699-1617 Phone: (919) 733-3221			
EQUALITY INFORMATION							
Facility Name:	Geigy Chemical Corporation Site						
Permit Name (if different):							
Facility Address: <u>Domino Drive</u> <small>(Street)</small>	<u>NC</u>	<u>28315</u>	County <u>Moore</u>	PERMIT Number: <u>WQ0009949</u>			
Well Location/Site Name: <u>Aberdeen</u> <small>(City)</small>	<u>(State)</u> <u>(Zip)</u>			Non-Discharge	UIC _____		
Contact Person: <u>James Cashwell</u>	Telephone#:		<u>423.336.4012</u>	NPDES	Other _____		
No. of wells to be sampled: _____	(from Permit)			TYPE OF PERMITTED OPERATION BEING MONITORED			
				<input type="checkbox"/> Lagoon	<input type="checkbox"/> Remediation: Infiltration Gallery		
				<input type="checkbox"/> Spray Field	<input checked="" type="checkbox"/> Remediation: Groundwater		
				<input type="checkbox"/> Rotary Distributor	<input type="checkbox"/> Land Application of Sludge		
				<input type="checkbox"/> Water Source Heat Pump	<input type="checkbox"/> Other: _____		
				If WELL WAS DRY at time of sampling, check here: <input type="checkbox"/>			
SAMPLING INFORMATION		Date sample collected: <u>10/23/14</u>	FIELD ANALYSES:				
WELL ID NUMBER (from Permit): <u>MW-38L</u>	Well Depth: <u>28.14 ft.</u>	Well Diameter: <u>2 in.</u>	pH	<u>8.94</u> units	Temp.	<u>17.67</u> °C	
Depth to Water Level: <u>9.97 ft.</u> below measuring point	Screened Interval: <u>18.1 ft.</u> to <u>28.1 ft.</u>	Spec. Cond.	<u>108</u> μ Mhos				
Measuring Point is <u>ft.</u> above land surface	Relative M.P. Elevation: <u>327.30 ft.</u>	Odor	<u>Sulphur</u>				
Volume of water pumped/bailed before sampling: <u>5.75 gallons</u>		Appearance	<u>Clear</u>				
Samples for metals were collected unfiltered: <input type="checkbox"/> YES	<input type="checkbox"/> NO	and field acidified: <input type="checkbox"/> YES <input type="checkbox"/> NO					
LABORATORY INFORMATION		Laboratory Name: <u>Test America</u>	Certification No. <u>269</u>				
Date sample analyzed: <u>10/29/14</u>							
PARAMETERS NOTE: Values should reflect dissolved and colloidal concentrations.							
COD	mg/l	Nitrite (NO_2) as N	mg/l	Pb - Lead	mg/l		
Coliform: MF Fecal	/100ml	Nitrate (NO_3) as N	mg/l	Zn - Zinc	mg/l		
Coliform: MF Total	/100ml	Phosphorus: Total as P	mg/l				
(Note: Use MPN method for highly turbid samples)							
Dissolved Solids: Total	mg/l	Orthophosphate	mg/l	Other (Specify Compounds and Concentration Units):			
pH (when analyzed)	units	Al - Aluminum	mg/l	TCL Pesticides - Results attached			
TOC	mg/l	Ba - Barium	mg/l				
Chloride	mg/l	Ca - Calcium	mg/l				
Arsenic	mg/l	Cd - Cadmium	mg/l				
Grease and Oils	mg/l	Chromium: Total	mg/l				
Phenol	mg/l	Cu - Copper	mg/l	ORGANICS: (by GC, GC/MS, HPLC)			
Sulfate	mg/l	Fe - Iron	mg/l	(Specify test and method #. ATTACH LAB REPORT.)			
Specific Conductance	μMhos	Hg - Mercury	mg/l	Report Attached? <input checked="" type="checkbox"/> Yes (1) <input type="checkbox"/> No (0)			
Total Ammonia (Ammonia Nitrogen; $\text{NH}_3\text{-N}$; Ammonia Nitrogen, Total)	mg/l	K - Potassium	mg/l	Pest & Biphenyls, method # <u>8081B / 8081A</u>			
TKN as N	mg/l	Mg - Magnesium	mg/l				
		Mn - Manganese	mg/l				
		Ni - Nickel	mg/l				
For Remediation Systems Only (Attach Lab Reports):		Influent Total VOCs:	mg/L	Effluent Total VOCs: _____ mg/L VOC Removal % _____			
I certify that, to the best of my knowledge and belief, the information submitted in this report is true, accurate, and complete, and that the laboratory/analytical data was produced using approved methods of analysis by a DWQ-certified laboratory. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.							

James Cashwell, P.E., Sr. Associate - Environmental Remediation
Permittee (or Authorized Agent) Name and Title - Please print or type
Rev. 1/2007

[Signature]
Signature of Permittee (or Authorized Agent)

[Signature]
2/10/2015
(Date)

SUBMIT FORM ON YELLOW PAPER ONLY

GROUNDWATER QUALITY MONITORING COMPLIANCE REPORT FORM		Mail original and 1 copy to: Facility Name: Geigy Chemical Corporation Site Permit Name (if different): Facility Address: Domino Drive Aberdeen (Street) NC 28315 County Moore (State) (City)	DEPARTMENT OF ENVIRONMENT & NATURAL RESOURCES DIVISION OF WATER QUALITY INFORMATION PROCESSING UNIT 1617 MAIL SERVICE CENTER, RALEIGH, NC 27699-1617 Phone: (919)733-3221																																																															
<p>Please Print Clearly or Type</p> <p>Facility Name: Geigy Chemical Corporation Site</p> <p>Permit Name (if different):</p> <p>Facility Address: Domino Drive</p> <p>Aberdeen (Street) NC 28315 County Moore (State) (City)</p> <p>Contact Person: James Cashwell Well Location/Site Name:</p> <p>Telephone#: 423.336.4012 No. of wells to be sampled: _____ (from Permit)</p>		<p>PERMIT Number: Non-Discharge WQ00009949 NPDES</p> <p>TYPE OF PERMITTED OPERATION BEING MONITORED</p> <p><input type="checkbox"/> Lagoon <input checked="" type="checkbox"/> Remediation: Infiltration Gallery <input type="checkbox"/> Spray Field <input checked="" type="checkbox"/> Remediation: Groundwater <input type="checkbox"/> Rotary Distributor <input type="checkbox"/> Land Application of Sludge <input type="checkbox"/> Water Source Heat Pump <input type="checkbox"/> Other: _____</p>																																																																
<p>SAMPLING INFORMATION</p> <p>WELL ID NUMBER (from Permit): MW-39L Well Depth: 20.29 ft. Depth to Water Level: 4.33 ft. below measuring point Measuring Point is _____ ft. above land surface Volume of water pumped/bailed before sampling: 1.1 gallons Samples for metals were collected unfiltered: <input type="checkbox"/> YES <input type="checkbox"/> NO and field acidified: <input type="checkbox"/> YES <input type="checkbox"/> NO</p>		<p>Date sample collected: 10/23/14 Well Diameter: 2 in. Screened Interval: 10.2 ft. to 20.2 ft. Relative M.P. Elevation: 389.86 ft.</p> <p>FIELD ANALYSES:</p> <p>pH 6.46 units Temp. 17.35 °C Spec. Cond. 84 µMhos Odor None Appearance Clear</p>																																																																
<p>LABORATORY INFORMATION</p> <p>Date sample analyzed: 10/29/14 PARAMETERS NOTE: Values should reflect dissolved and colloidal concentrations.</p> <table> <tr> <td>COD</td> <td>mg/l</td> <td>Pb - Lead</td> <td>mg/l</td> </tr> <tr> <td>Coliform: MF Fecal</td> <td>/100ml</td> <td>Zn - Zinc</td> <td>mg/l</td> </tr> <tr> <td>Coliform: MF Total</td> <td>/100ml</td> <td></td> <td></td> </tr> </table> <p>(Note: Use MPN method for highly turbid samples)</p> <p>Dissolved Solids: Total mg/l pH (when analyzed) units</p> <table> <tr> <td>TOC</td> <td>mg/l</td> <td>Orthophosphate</td> <td>mg/l</td> </tr> <tr> <td>Chloride</td> <td>mg/l</td> <td>Al - Aluminum</td> <td>mg/l</td> </tr> <tr> <td>Arsenic</td> <td>mg/l</td> <td>Ba - Barium</td> <td>mg/l</td> </tr> <tr> <td>Grease and Oils</td> <td>mg/l</td> <td>Ca - Calcium</td> <td>mg/l</td> </tr> <tr> <td>Phenol</td> <td>mg/l</td> <td>Cd - Cadmium</td> <td>mg/l</td> </tr> <tr> <td>Sulfate</td> <td>mg/l</td> <td>Chromium: Total</td> <td>mg/l</td> </tr> <tr> <td>Specific Conductance</td> <td>µMhos</td> <td>Cu - Copper</td> <td>mg/l</td> </tr> <tr> <td>Total Ammonia (Ammonia Nitrogen: NH₃as N; Ammonia Nitrogen, Total)</td> <td>mg/l</td> <td>Fe - Iron</td> <td>mg/l</td> </tr> <tr> <td>TKN as N</td> <td>mg/l</td> <td>Hg - Mercury</td> <td>mg/l</td> </tr> <tr> <td></td> <td></td> <td>K - Potassium</td> <td>mg/l</td> </tr> <tr> <td></td> <td></td> <td>Mg - Magnesium</td> <td>mg/l</td> </tr> <tr> <td></td> <td></td> <td>Mn - Manganese</td> <td>mg/l</td> </tr> <tr> <td></td> <td></td> <td>Ni - Nickel</td> <td>mg/l</td> </tr> </table> <p>ORGANICS: (by GC, GC/MS, HPLC) (Specify test and method #. ATTACH LAB REPORT.)</p> <p>Report Attached? <input checked="" type="checkbox"/> Yes (1) <input type="checkbox"/> No (0) Pest & Biphenyls , method # 8081B / 8082A</p>		COD	mg/l	Pb - Lead	mg/l	Coliform: MF Fecal	/100ml	Zn - Zinc	mg/l	Coliform: MF Total	/100ml			TOC	mg/l	Orthophosphate	mg/l	Chloride	mg/l	Al - Aluminum	mg/l	Arsenic	mg/l	Ba - Barium	mg/l	Grease and Oils	mg/l	Ca - Calcium	mg/l	Phenol	mg/l	Cd - Cadmium	mg/l	Sulfate	mg/l	Chromium: Total	mg/l	Specific Conductance	µMhos	Cu - Copper	mg/l	Total Ammonia (Ammonia Nitrogen: NH ₃ as N; Ammonia Nitrogen, Total)	mg/l	Fe - Iron	mg/l	TKN as N	mg/l	Hg - Mercury	mg/l			K - Potassium	mg/l			Mg - Magnesium	mg/l			Mn - Manganese	mg/l			Ni - Nickel	mg/l	<p>Effluent Total VOCs: _____ mg/L VOC Removal% _____</p>
COD	mg/l	Pb - Lead	mg/l																																																															
Coliform: MF Fecal	/100ml	Zn - Zinc	mg/l																																																															
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TKN as N	mg/l	Hg - Mercury	mg/l																																																															
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		Ni - Nickel	mg/l																																																															

For Remediation Systems Only (Attach Lab Reports):

I certify that, to the best of my knowledge and belief, the information submitted in this report is true, accurate, and complete, and that the laboratory analytical data was produced using approved methods of analysis by a DMC-certified laboratory. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

James Cashwell, P.E., Sr. Associate - Environmental Remediation

Permittee (or Authorized Agent) Name and Title: Please print or type

Signature of Permittee (or Authorized Agent)

Rev. 1/2007

GW-59

2/10/2015
(Date)

SUBMIT FORM ON YELLOW PAPER ONLY

GROUNDWATER QUALITY MONITORING:		DEPARTMENT OF ENVIRONMENT & NATURAL RESOURCES DIVISION OF WATER QUALITY-INFORMATION PROCESSING UNIT 1617 MAIL SERVICE CENTER, RALEIGH, NC 27699-1617 Phone: (919) 733-3221	
EALITY INFORMATION Facility Name: <u>Geigy Chemical Corporation Site</u> Permit Name (if different): _____ Facility Address: <u>Domino Drive</u> <u>Aberdeen</u> <u>(County)</u> <u>NC</u> <u>28315</u> <u>(Zip)</u> <u>County Moore</u> Contact Person: <u>James Cashwell</u> Telephone#: <u>423.336.4012</u> Well Location/Site Name: _____ No. of wells to be sampled: _____ (from Permit)			
SAMPLING INFORMATION WELL ID NUMBER (from Permit): <u>MW-40L</u> Date sample collected: <u>10/23/14</u> Well Depth: <u>27.76 ft.</u> Well Diameter: <u>2 in.</u> FIELD ANALYSES: Depth to Water Level: <u>2.53 ft.</u> below measuring point Screened Interval: <u>17.7 ft.</u> to <u>27.7 ft.</u> pH <u>7.83</u> units Temp. <u>15.03</u> °C Measuring Point is <u>ft. above land surface</u> Relative M.P. Elevation: <u>334.45 ft.</u> Spec. Cond. <u>57</u> µMhos Volume of water pumped/bailed before sampling: <u>12.5 gallons</u> Odor <u>None</u> Samples for metals were collected unfiltered: <input type="checkbox"/> YES <input type="checkbox"/> NO and field acidified: <input type="checkbox"/> YES <input type="checkbox"/> NO Appearance <u>Orange cloudy</u> LABORATORY INFORMATION Date sample analyzed: <u>10/29/14</u> Laboratory Name: <u>Test America</u> Certification No. <u>269</u> PARAMETERS NOTE: Values should reflect dissolved and colloidal concentrations. COD mg/l Pb - Lead mg/l Coliform: MF Fecal /100ml Zn - Zinc mg/l Coliform: MF Total /100ml Phosphorus: Total as P mg/l (Note: Use MPN method for highly turbid samples) Orthophosphate mg/l Dissolved Solids: Total mg/l Al - Aluminum mg/l pH (when analyzed) mg/l Ba - Barium mg/l TOC mg/l Ca - Calcium mg/l Chloride mg/l Cd - Cadmium mg/l Arsenic mg/l Chromium: Total mg/l Grease and Oils mg/l Cu - Copper mg/l Phenol mg/l Fe - Iron mg/l Sulfate mg/l Hg - Mercury mg/l Specific Conductance µMhos K - Potassium mg/l Total Ammonia mg/l Mg - Magnesium mg/l (Ammonia Nitrogen: NH ₃ as N; Ammonia Nitrogen, Total) Mn - Manganese mg/l TKN as N mg/l Ni - Nickel mg/l ORGANICS: (by GC, GC/MS, HPLC) (Specify test and method #. ATTACH LAB REPORT.) Report Attached? <input checked="" type="checkbox"/> Yes (1) <input type="checkbox"/> No (0) Pest & Biphenyls method # <u>8081B / 8082A</u>			
For Remediation Systems Only (Attach Lab Reports): Influent Total VOCs: _____ mg/L Effluent Total VOCs: _____ mg/L VOC Removal% _____ I certify that, to the best of my knowledge and belief, the information submitted in this report is true, accurate, and complete, and that the laboratory analytical data was produced using approved methods of analysis by a DUCQ-certified laboratory. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment, for knowing violations.			

James Cashwell, P.E., Sr. Associate - Environmental Remediation

Permittee (or Authorized Agent) Name and Title - Please print or type

GV-59 Rev. 1/2007

Signature of Permittee (or Authorized Agent)

(Date)

2/10/2015

SUBMIT FORM ON YELLOW PAPER ONLY

GROUNDWATER QUALITY MONITORING: COMPLIANCE REPORT FORM		Please Print Clearly or Type	Mail original and 1 copy to:	DEPARTMENT OF ENVIRONMENT & NATURAL RESOURCES DIVISION OF WATER QUALITY-INFORMATION PROCESSING UNIT 1817 MAIL SERVICE CENTER, RALEIGH, NC 27699-1617 Phone: (919) 733-3221		
EQUALITY INFORMATION						
Facility Name: Geigy Chemical Corporation Site						
Permit Name (if different):						
Facility Address: <u>Domino Drive</u> <u>Aberdeen</u>	<u>NC</u>	<u>28315</u>	County <u>Moore</u>	PERMIT Number: <u>WQ0009949</u>		
(City)	(State)	(Zip)		Non-Discharge	Expiration Date: <u>05/31/18</u>	
NPDES					UIC	
		TYPE OF PERMITTED OPERATION BEING MONITORED				
		<input type="checkbox"/> Lagoon	<input type="checkbox"/> Remediation: Infiltration Gallery			
		<input type="checkbox"/> Spray Field	<input checked="" type="checkbox"/> Remediation: Groundwater			
		<input type="checkbox"/> Rotary Distributor	<input type="checkbox"/> Land Application of Sludge			
		<input type="checkbox"/> Water Source Heat Pump	<input type="checkbox"/> Other: _____			
						If WELL WAS DRY at time of sampling, check here: <input type="checkbox"/>
SAMPLING INFORMATION						
WELL ID NUMBER (from Permit): <u>PZ-2</u>	Date sample collected: <u>10/22/14</u>				FIELD ANALYSES:	
Well Depth: <u>36.18 ft.</u>	Well Diameter: <u>2 in.</u>	pH	<u>8.26</u> units	Temp.	<u>16.54</u> °C	
Depth to Water Level: <u>6.22 ft.</u> below measuring point	Screened Interval: <u>26.1 ft.</u> to <u>36.1 ft.</u>	Spec. Cond.	<u>35</u> µMhos			
Measuring Point is <u>ft.</u> above land surface	Relative M.P. Elevation: <u>343.79 ft.</u>	Odor	<u>None</u>			
Volume of water pumped/bailed before sampling: <u>8.5 gallons</u>		Appearance	<u>Clear</u>			
Samples for metals were collected unfiltered: <input type="checkbox"/> YES	<input type="checkbox"/> NO					
Samples for metals were collected acidified: <input type="checkbox"/> YES	<input type="checkbox"/> NO					
LABORATORY INFORMATION						
Date sample analyzed: <u>10/28/14</u>	Laboratory Name: <u>Test America</u>	Certification No. <u>269</u>				
PARAMETERS NOTE: Values should reflect dissolved and colloidal concentrations.						
COD	mg/l	Nitrite (NO ₂) as N	mg/l	Pb - Lead	mg/l	
Coliform: MF Fecal	/100ml	Nitrate (NO ₃) as N	mg/l	Zn - Zinc	mg/l	
Coliform: MF Total	/100ml	Phosphorus: Total as P	mg/l			
(Note: Use MPN method for highly turbid samples)						
Dissolved Solids: Total	mg/l	Orthophosphate	mg/l	Other (Specify Compounds and Concentration Units):		
pH (when analyzed)	units	Al - Aluminum	mg/l	TCL Pesticides - Results attached		
TOC	mg/l	Ba - Barium	mg/l			
Chloride	mg/l	Ca - Calcium	mg/l			
Arsenic	mg/l	Cd - Cadmium	mg/l			
Grease and Oils	mg/l	Chromium: Total	mg/l			
Phenol	mg/l	Cu - Copper	mg/l	ORGANICS: (by GC, GC/MS, HPLC)		
Sulfate	mg/l	Fe - Iron	mg/l	(Specify test and method #. ATTACH LAB REPORT.)		
Specific Conductance	µMhos	Hg - Mercury	mg/l	Report Attached? <input checked="" type="checkbox"/> Yes (1) <input type="checkbox"/> No (0)		
Total Ammonia	mg/l	K - Potassium	mg/l	Fest & Biphenyls	method # <u>8081B / 8082A</u>	
(Ammonia Nitrogen; NH ₃ as N; Ammonia Nitrogen, Total)		Mg - Magnesium	mg/l			
TKN as N	mg/l	Mn - Manganese	mg/l			
		Ni - Nickel	mg/l			
For Remediation Systems Only (Attach Lab Reports):		Effluent Total VOCs: <u>mg/L</u> VOC Removal% <u>_____</u>				
I certify that, to the best of my knowledge and belief, the information submitted in this report is true, accurate, and complete; and that the laboratory analytical data was produced using approved methods of analysis by a DWQ-certified laboratory. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.						

For Remediation Systems Only (Attach Lab Reports): Effluent Total VOCs: mg/L VOC Removal% _____

I certify that, to the best of my knowledge and belief, the information submitted in this report is true, accurate, and complete; and that the laboratory analytical data was produced using approved methods of analysis by a DWQ-certified laboratory. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

James Cashwell, P.E., Sr. Associate - Environmental Remediation
Permittee (or Authorized Agent) Name and Title - Please print or type
GVR-59 Rev. 1/2007

C Signature of Permittee (or Authorized Agent)

2/10/2015
(Date)

SUBMIT FORM ON YELLOW PAPER ONLY

**GROUNDWATER QUALITY MONITORING:
COMPLIANCE REPORT FORM**

Please Print Clearly or Type

Facility Name: Geigy Chemical Corporation Site

Permit Name (if different):

Facility Address: Domino Drive

(Street) Aberdeen

(City)

(State) NC

(Zip) 28315

Telephone#: 423-336-4012

Contact Person: James Cashwell

Well Location/Site Name:

SAMPLING INFORMATION

WELL ID NUMBER (from Permit): PZ-3

Well Depth: 61.54 ft.

Depth to Water Level: 53.01 ft. below measuring point

Measuring Point is _____ ft. above land surface

Volume of water pumped/bailed before sampling: 5.5 gallons

Samples for metals were collected unfiltered: YES NO and field acidified: YES NO**LABORATORY INFORMATION**

Date sample analyzed: 10/28/14

PARAMETERS NOTE: Values should reflect dissolved and colloidal concentrations.

COD mg/l

Coliform: MF Fecal /100ml

Coliform: MF Total /100ml

(Note: Use MPN method for highly turbid samples)

Dissolved Solids: Total mg/l

pH (when analyzed) units

TOC mg/l

Chloride mg/l

Arsenic mg/l

Grease and Oils mg/l

Phenol mg/l

Sulfate mg/l

Specific Conductance μMhos

Total Ammonia mg/l

(Ammonia Nitrogen; $\text{NH}_3\text{ as N}$; Ammonia Nitrogen, Total)

TKN as N mg/l

**Mail original
and 1 copy to:**
 DEPARTMENT OF ENVIRONMENT & NATURAL RESOURCES
 DIVISION OF WATER QUALITY-INFORMATION PROCESSING UNIT
 1617 MAIL SERVICE CENTER, RALEIGH, NC 27699-1617 Phone: (919)733-3221
 Expiration Date: 05/31/18

 PERMIT Number: WQ00009949 UIC _____
 Non-Discharge NPDES Other _____
TYPE OF PERMITTED OPERATION BEING MONITORED
 Lagoon Remediation: Infiltration Gallery
 Spray Field Remediation: Groundwater

 Rotary Distributor Land Application of Sludge
 Water Source Heat Pump Other: _____
If WELL WAS DRY at time of sampling, check here: **FIELD ANALYSES:**
 pH 6.48 units Temp. 13.55 °C
 Screened Interval: 51.5 ft. to 61.5 ft.

 Spec. Cond. 22 μMhos
 Relative M.P. Elevation: 381.02 ft.

Odor None

Appearance Clear

Certification No. 269

Report Attached? Yes (1) No (0)

Pest & Biphenyls method # 8081B / 8082A

ORGANICS: (by GC, GC/MS, HPLC)
(Specify test and method #. ATTACH LAB REPORT.)

TCL Pesticides - Results attached

Other (Specify Compounds and Concentration Units):

Pb - Lead mg/l

Zn - Zinc mg/l

Al - Aluminum mg/l

Ba - Barium mg/l

Ca - Calcium mg/l

Cd - Cadmium mg/l

Chromium: Total mg/l

Cu - Copper mg/l

Fe - Iron mg/l

Hg - Mercury mg/l

K - Potassium mg/l

Mg - Magnesium mg/l

Mn - Manganese mg/l

Ni - Nickel mg/l

Effluent Total VOCs: mg/L

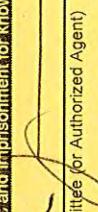
VOC Removal% _____

I certify that, to the best of my knowledge and belief, the information submitted in this report is true, accurate, and complete, and that the laboratory analytical data was produced using approved methods of analysis by a DWQ certified laboratory. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

James Cashwell, P.E., Sr. Associate - Environmental Remediation

Permittee (or Authorized Agent) Name and Title - Please print or type

Rev. 1/2007


 2/10/2015
 (Date)

SUBMIT FORM ON YELLOW PAPER ONLY

GROUNDWATER QUALITY MONITORING: COMPLIANCE REPORT FORM		Mail original and 1 copy to:		DEPARTMENT OF ENVIRONMENT & NATURAL RESOURCES DIVISION OF WATER QUALITY INFORMATION PROCESSING UNIT 1617 MAIL SERVICE CENTER, RALEIGH, NC 27698-1617 Phone: (919) 733-3221	
FACILITY INFORMATION		Please Print Clearly or Type			
Facility Name:	Geigy Chemical Corporation Site				
Permit Name (if different):					
Facility Address:	Domino Drive				
Aberdeen	(Street)	NC	28315	County	Moore
	(City)				
Contact Person:	James Cashwell	Telephone#:		423.336.4012	
Well Location/Site Name:		No. of wells to be sampled:		<u>6</u> (from Permit)	
SAMPLING INFORMATION		Date sample collected:		10/23/14	
WELL ID NUMBER (from Permit):	PZ-5	Well Depth:	30.12 ft.	Well Diameter:	<u>2</u> in.
Depth to Water Level:	7.29 ft. below measuring point	Screened Interval:	20.1 ft. to 30.1 ft.	Temp.	15.98 °C
Measuring Point is	ft. above land surface	Relative M.P. Elevation:	335.98 ft.	Spec. Cond.	64 μ Mhos
Volume of water pumped/bailed before sampling:	6 gallons	Odor	None	Appearance	Cloudy red
Samples for metals were collected unfiltered:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	and field acidified:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
LABORATORY INFORMATION		Laboratory Name:		Test America	
Date sample analyzed:	10/28/14			Certification No. 269	
PARAMETERS NOTE: Values should reflect dissolved and colloidal concentrations.					
COD	mg/l	Nitrite (NO ₂) as N	mg/l	Pb - Lead _____ mg/l	
Coliform: MF Fecal	/100ml	Nitrate (NO ₃) as N	mg/l	Zn - Zinc	mg/l
Coliform: MF Total	/100ml	Phosphorus: Total as P	mg/l	Other (Specify Compounds and Concentration Units):	
(Note: Use MPN method for highly turbid samples)					
Dissolved Solids: Total	mg/l	Orthophosphate	mg/l	TCLP Pesticides - Results attached	
pH (when analyzed)	units	Al - Aluminum	mg/l		
TOC	mg/l	Ba - Barium	mg/l		
Chloride	mg/l	Ca - Calcium	mg/l		
Arsenic	mg/l	Cd - Cadmium	mg/l		
Grease and Oils	mg/l	Chromium: Total	mg/l		
Phenol	mg/l	Cu - Copper	mg/l	ORGANICS: (by GC, GC/MS, HPLC)	
Sulfate	mg/l	Fe - Iron	mg/l	(Specify test and method #. ATTACH LAB REPORT.)	
Specific Conductance	µMhos	Hg - Mercury	mg/l	Report Attached?	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (0)
Total Ammonia (Ammonia Nitrogen; NH ₃ as; Ammonia Nitrogen, Total)	mg/l	K - Potassium	mg/l	Pest & Biphenyls	, method # 8081B / 8082A
TKN as N	mg/l	Mg - Magnesium	mg/l		
		Mn - Manganese	mg/l		
		Ni - Nickel	mg/l		
For Remediation Systems Only (Attach Lab Reports):		Effluent Total VOCs:		<u>mg/L</u> VOC Removal% <u> </u>	
certify that, to the best of my knowledge and belief, the information submitted in this report is true, accurate, and complete, and that the laboratory analytical data was produced using approved methods of analysis by a DWQ certified laboratory. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.					

James Cashwell, P.E., Sr. Associate - Environmental Remediation
 Permitee (or Authorized Agent) Name and Title - Please print or type
 Rev. 1/2007

Signature of Permittee (or Authorized Agent)
 (Date)

2/10/2015
 (Date)